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Christmas All the Year

BY MARY LAIRD, R.N., AND MARY THORNTON DAVIS, R.N.

THE family had been away for the summer. The mother of three sturdy boys had returned ahead of the rest to get the house in order. She had reached the playroom where there were toys of all sorts and descriptions, many broken, some beyond repair, but every one dear to the little folks. Here was old "Monkey," played with by all three and quite dilapidated. He could certainly be discarded and would never be missed because there was a comparatively good "Teddy" to take his place. Then there was Georgie's train, forsaken since the advent of a marvelous electric engine and cars. Brother could spare one set of blocks and Herbert would not miss that broken pop-gun. So the pile of discards grew and grew and the rest were placed in order on the shelves.

But when it came to actually carrying off the discards, somehow or other she could not associate that old monkey with the ash-barrel. She had seen it clasped so many times in little arms, how could she throw it away? Then came recollection of a plan for rehabilitating toys once put in operation by an enthusiastic person who had heard of it elsewhere. A bit of telephoning followed, and then the whole lot of castaways was cheerfully bundled into the car and hurried to the Exchange Street Fire House. There broad smiles welcomed the broken toys, and soon the firemen's skilful fingers were replacing missing parts and repainting the scratched and worn surfaces. A large bench on which were every conceivable shade of paint, and brushes, needles and thread, knives and bits of wood, hair for dolls' wigs and horses' tails, etc., was surrounded by men who spent many of their spare hours making new toys from old ones and reveling in the fact that children who had few playthings would receive these for their very own.

Because the Visiting Nurses and Social Workers have learned the source of supply, many a little sufferer and many an underprivileged child is supplied regularly throughout the year with these new-old toys, and as one little fellow said when he learned he need not wait till Christmas for the promised plaything, "Gee! it's Christmas all the time, ain't it, nurse?" And all the time the nurse was doing the dressing she told about the jolly "fix-'em" firemen.

When little brother came home from his summer at the lake, his first visit was to the playroom for his monkey. As it was nowhere to be found he soon had the other two trying to find it and the hunt revealed the absence of many other beloved toys. A pathetic little voice called "Mudder, where is Monkey?

He's all gone! You find Monkey," and there were other demands to find things. So Mother gathered them all together and told them about the toy hospital where their toys had gone and then about the little children who were going to have them when they had been repaired. The boys were quite enthusiastic about the mending of the missing playthings but it was some time before they could be glad that other little hands were to own them. However, a promised visit to the repair shop went a long way toward consoling the bereaved ones, and now when toys are broken, sometimes without older suggestion, an offering is made to the "Toy Firemen." Perhaps the real motive is desire to visit the firehouse rather than to make gifts, but what matters the motive when it can be used to help bring to some of "the least of these," Christmas all the time.

Let us follow a few of those toys selected by the Public Health Nurses into the homes of their new owners.

Fortunato is three, and his name is a pitiful travesty. He has been so wrongly fed and treated that his little body is all misshapen from rickets, and his home is so poor that it is next to impossible to carry out the doctor's orders to keep him in bed. Where else than on the floor can the active-minded three-year-old in such a home find occupation and amusement? Can you picture just how helpful in the program of cure are Brother's monkey to furnish entertainment for long hours of enforced inactivity, and the picture-books and blocks sent in by other children?

Twelve-year-old Katie must remain in bed, flat on her back, for weeks if she is to be cured of the terrible pains in her hips. She is one of a big family; mother is busy from early to late, cooking, washing, sewing, cleaning for all; the older boys and girls must work, and the school children can hardly be expected to spend their play hours indoors amusing an invalid. The light weight story scrapbooks, the little puzzle games, the chance to finish a raffia basket or a crocheted mat that some other child grew tired of, to make the colored bits from someone's scrapbag into dresses for the small dolls so carefully repaired by the friendly firemen—these are for Katie nearly all that lighten the weary hours.

Four-year-old Stanley is a tuberculosis "suspect," and he has spent nearly all his days near the wood-box behind the stove, because that offers the only means of amusement within his reach. "He won't stay out-doors" was the unvarying response to the nurses' remarks on the value of fresh air and sunshine. One day Nurse arrived in an automobile and there descended with her a kiddie-car. Since then, not only is Stanley developing a sturdiness surprising to his family, but his mother is acquiring a bit of color in her cheeks and a more rested appearance, since sitting with her work on the porch or near an open window, so that she can have an eye on the travels of the kiddie-car.

Another kiddie-car helped solve the problem for the nutrition worker who was struggling with the mothers of two badly spoiled "pre-schools" in neighboring homes. Rosie, two years old, just would not stay anywhere but in mamma's arms, even though baby sister and the home work required considerable

attention, and Rosie was thin, pale, bad-tempered, and terribly afraid of strangers. When she had been made to understand that the kiddie-car was hers, she still showed no intention of leaving mamma until Jakie from next door sallied forth to ride upon it. Rosie flew to claim her property. Jakie, previously unwilling to associate at all with other children, insisted that both could ride, and before long they were playing together daily and sharing other toys, "and such fine appetites! even spinach would they eat now."

We could go on and on into other homes, finding undernourished children "earning" made-over dolls, rocking-horses, toy trains and carts, by eating the vegetables, drinking the milk and taking the rest hours prescribed by the doctor to bring them up to normal; and sick kiddies, cheered by the gifts made possible through someone's helpful thought about rehabilitating cast-off toys to make it "Christmas all the year."

Christmas

"SEEMS to me, mum," Miss Mullins, the lady who comes in to oblige me, wound up in a tone of deep conviction, "it's a lot to do with your constitootion. If you've got a downward disposition, no 'elidays will lift yer. But if yer Sperrits is up and yer rent paid, yer can 'ave a 'oliday with yerself anywheres any old time."

—Nursing Times, Sept. 5, 1925.

Care of Needles

One Method of Sterilizing and Storing Hypodermic and Intravenous Needles

By Louise Schwarting, R.N.

TO have on hand and ready for immediate use sharp, bright, sterile hypodermic and intravenous needles with lumen patent and unreduced, was our problem.

Platinum is rather expensive and thus far rustless steel needles have not been entirely satisfactory in our hands—besides they are only recently obtainable. Boiling quickly fills the lumen and blunts the point by causing rusting of the ordinary steel needle. Many antiseptics likewise cause corrosion and in addition are highly toxic. Some antiseptics that do not produce corrosion are still toxic and not so readily water-soluble that rinsing in sterile water quickly and surely removes the last remnant clinging to the needle when removed from the solution. Others do not make a solution sufficiently clear and colorless to render finding the desirable needle easily and quickly possible.

Our problem, therefore, required a clear, colorless, non-toxic, non-corrosive and easily water-soluble antiseptic that would be safe from the bacteriological standpoint. Various experiments led us finally to use seventy per cent alcohol saturated with sodium bicarbonate. We were assured by bacteriologists that such a solution would be safe, and in the several years in which we have used it we have thus far had no indication to the contrary. To be doubly safe, needles that are known to be infected with disease-producing organisms as, for instance, aspirating needles, are first washed and then immersed in ten per cent lysol for several hours or boiled for a few minutes before being put in the alcoholic storage solution. We also keep the glass syringes in the jar with the needles.

A point necessary to remember is that needle and syringe should be washed by drawing clean water, or, in case an oily preparation has been used, benzine or gasoline, through them. Some of the alcoholic solution should then likewise be drawn through in order to completely displace the cleansing fluid previously used by the non-corrosive antiseptic. We have not found it necessary, nor even desirable, to use stilettes in needles so treated.

Health Agencies to Fight Smallpox

MORE cases of smallpox per year are reported by the United States than by any other nation in the world, with the exception of certain parts of Asia. In an effort to redeem our country from this unenviable condition, the official health agencies of the several states have designated the months of November and December as a period of public enlightenment regarding the nature of smallpox and its prevention under the Seymour plan of the Association of State and Provincial Health Officers.

More than ninety per cent of the 10,000 persons afflicted with smallpox, in 1925, in seventeen states and the District of Columbia, had never been vaccinated; about seven per cent had been vaccinated seven to fifty years previously, leaving less than two per cent who had been vaccinated within seven years prior to their illness.

Copies of "Smallpox—A Preventable Disease" may be had upon request by addressing the American Association for Medical Progress, 370 Seventh Avenue, New York City.

Problems Involved in the Grading Program[1]

By May Ayres Burgess, Ph.D.

Director, Committee on the Grading of Nursing Schools

HOSPITAL superintendents and hospital directors of nurses are probably more vitally interested in what the Grading Committee is going to do than anyone else in the country. They watch every move we make with anxious scrutiny, they weigh our lightest utterance with mingled hope and alarm, because everything the Grading Committee does is bound ultimately to affect the hospital administrator's job.

The Committee on the Grading of Nursing Schools has been organized under the joint leadership of the American Medical Association and the National League of Nursing Education, as a joint committee, representing the medical, surgical, hospital, public health, patient, and nursing groups, to make an intensive coöperative study of nursing service. It takes its name of "Grading" from the original plan which hoped by "grading" nursing schools to raise their educational standards. That plan, however, is now being viewed in its wider aspects, and is seen to include not only problems of grading, but problems of nursing shortage, of supply and demand, of types of service, of distribution, and of costs. The work is just getting under way.

If the present plans of the Grading Committee are followed, it seems probable that we shall begin this winter to make a careful nation-wide study of schools of nursing. We shall not attempt, at this time, to evaluate what the schools are doing, to decide which schools are doing poor work and which good, which schools are below standard and which above, because the Committee believes that no one knows enough at this time to establish any standards for judgment. It would be comparatively simple, of course, to study the ten or twenty largest and most famous schools in the country, draw up a schedule of requirements based on the best practices of these leading schools, and suggest that all the other schools ought to conform to them.

The Grading Committee is not going to work that way. It believes that it is not enough to know what a few leading schools are doing. There are over 1,500 schools in the United States; they are of widely different kinds, in widely different places, and they are playing widely different roles in their communities. Whatever standards for grading are finally adopted must conform not to some ideal state of things, but to conditions as they actually are. Before a standard can properly be urged upon the nursing schools of this country, we must know not merely how it would affect this school or that school, but just what effect it would probably have upon the entire 1,500. Now the fact is that no one knows, really, what the nursing schools of this country are like. Some remarkably fine studies have been made, but they have dealt only with a few cases, while we need to study all the cases. We need to have a clear picture of the whole set-up before we can go ahead with any constructive thinking.

During the past few weeks we have made a preliminary study, as the first step towards getting this general picture of what the schools are like. The American Nurses' Association every two years publishes a pamphlet giving a list of all the nursing schools in each state which have been accredited by the board of examiners of that state. The reports from which this directory is compiled are sent in by the individual schools and

[1]Read before the American Hospital Association at Atlantic City, N. J., September 30, 1926. Released and publication authorized by the Association.

contain not only the name of the school, but considerable additional information. The American Nurses' Association was kind enough to place its files for 1925 at our disposal, and the diagrams in this article are based on that material.

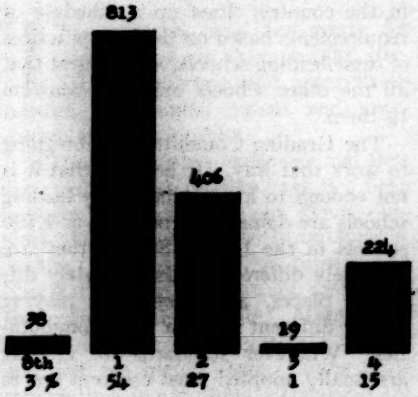


DIAGRAM NO. 1.

Nursing schools requiring 8th grade, or 1, 2, 3 or 4 years of high school for entrance. 1,500 schools; 1925.

Minimum Entrance Requirements

THE first diagram relates to educational entrance requirements. There are 1,500 schools of nursing accredited by state examiners. Of these, 38 require student nurses to have finished the eighth grade of grammar school, 813 require one year of high school, 406 require 2 years, and so on. The diagram shows that most of the schools have a minimum requirement of one year of high school. It has sometimes been suggested that no school ought to be accepted on an approved list unless it requires a full four years of high school preparation. If that standard were enforced, at the present time only 15 per cent of the schools could pass it, and 85 per cent would fall below. In thinking about these figures it should be borne in mind that they represent minimum requirements. There are probably many schools that require one year of high school, and yet get most of their students from the two-, three- and four-year groups. Just what is the educational background of senior students is a question which the Grading Committee hopes to answer later.

One question in this connection relates to the student turn-over. In many schools apparently from one-third to one-half of all the probationers admitted either quit or fail before finishing the course. These student losses are expensive. It costs the hospital a considerable sum to carry the student through her first months of training, and during those early months she isn't worth very much to the hospital in terms of nursing service. For that first period the probationer probably gets more than she gives. If a hospital is short of funds, and most hospitals seem to be perpetually short of funds, it would seem the part of economy to refuse admission to those students who, experience shows, are most apt to drop out before the course is through. The question, then, which this diagram raises and which in another year the Grading Committee ought to have means to answer, is: Is there any connection between low educational preparation and failure to continue training? If there is, could hospitals save money, and still graduate the same number of students, by slightly increasing the entrance requirements? No one knows the true answer to these questions, but it seems clear that the answer is worth hunting for.

Most Schools Are Small

THERE are 104 nursing schools in this country where the entire student body is nine students or less. There are 336 other schools where there are from 10 to 19 students; 334 schools with 20 to 29, and so on. In other words, considerably over one-fourth of all the schools have

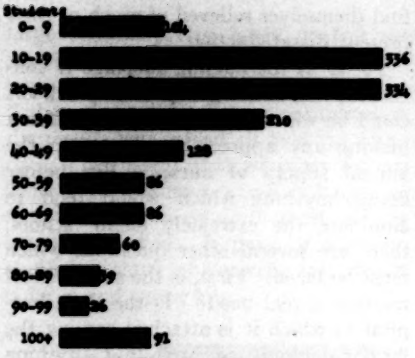


DIAGRAM No. 2.

Schools having each number of student nurses; 1925.

less than 20 students; half of the schools have less than 30; three-fourths have less than 50; while the remaining one-fourth have more than 50 students each. Most of the nursing schools in this country are small, and over a fourth of them are very small. And while there are some interesting exceptions, it is in general true that the very small school is attached to the very small hospital.

The question has been raised whether students who attend the very small school, attached to the very small hospital, are probably getting the broad general experience and thorough training which is the essential basis for good nursing service. It would seem an extremely expensive matter for any hospital to run a school with less than twenty students, and yet provide for them the supervision, the laboratory facilities, lectures, demonstrations, and especially the broad, carefully guided clinical experience not only with surgical, but with medical, pediatric, obstetric, and contagious cases, which medical and nursing leaders apparently agree is essential to good basic training. There are small hospitals and nursing schools which manage to give all of these things, and as a result do a remarkably fine job of teaching nurses. It does seem, however, that the expense of running a really efficient school on so small a basis must be excessive, and beyond the means of the very small hospital. One wonders whether, in most of these cases, the students are either not getting the sorts of experience they need if they are ever going to work in larger hospitals, or, if they are getting adequate training, whether the school doesn't cost more than the small hospital ought to afford.

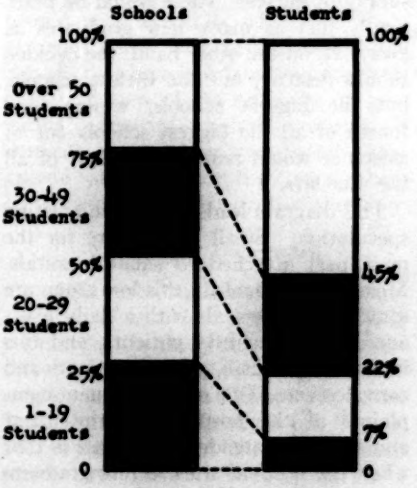


DIAGRAM No. 3.

Per cent of total student nurses in each 25 per cent of nursing schools; 1925.

Another way of looking at the problem is this: If we imagine all the schools, piled one on top of the other, with the little ones at the bottom, and the big ones at the top, we have the same story as before. At the bottom of the column are one-fourth of all the schools. They are the little schools Some of them have only three or four or five students apiece. None of them has as many as twenty. In the next quarter come the schools with from twenty to thirty students, in the next thirty to fifty, and in the top quarter are the largest schools of the country, those which have over fifty students apiece.

Now if a cyclone should suddenly sweep the country, and by some inexplicable freak of nature wipe out of existence the schools which are in the lowest part of this column, all the little ones, that is, it would destroy 25 per cent of all the schools, but only 7 per cent of all the students. If that cyclone should wipe out of existence all of the very small schools, it would have hardly any perceptible effect upon the annual supply of nurses. There would be practically just as many new graduates as ever. If, on the other hand, the cyclone should destroy, not the littlest schools, but the biggest schools, wiping one-fourth of all the biggest schools out of existence would remove over half of all the students.

This diagram leads to some interesting speculation. Small schools are for the most part attached to small hospitals. Most of the schools in this low group are attached to hospitals with a daily average of less than fifty patients, and this includes, of course, private patients and convalescents. One of the frequent complaints of the hospital superintendent and the superintendent of nurses is that when the hospital tries to hire graduate nurses to help on ward service, it finds that they are apt, many of them, to be shockingly incompetent. Some of them have come from hospitals so small that they have never had any real experience with ward work, and they are lost when they get into a big institution. It has been suggested that this 7 per cent of students, at the foot of the student column, may be the source of much of the prevalent feeling that nurses are incompetent. They are small in number, but it seems rather likely that they circulate rapidly from place to place, and so give the impression of being very bad and very numerous. It may be that if some method could be worked out for taking care of that 7 per cent, the hospitals trying to employ graduate nurses would find themselves relieved of much of their present dissatisfaction.

So far as the nursing shortage is concerned, this entire group of tiny schools could be wiped out of existence, without making any appreciable change in the annual supply of nurses. But before doing anything which would tend to eliminate the extremely small school, there are several other questions which must be faced. First, is the small school meeting a real need? Is the little hospital to which it is attached serving the local community so well that anything which hurt the hospital would be a disaster; and is the hospital genuinely dependent upon its training school for its supply of nurses? If so, the hospital should be urged, not to close its school, but either to amalgamate with some other school, or else to raise its own educational standards, by hiring skilled supervisors, supplying adequate equipment, and providing for affiliation, so that its graduates could go out, not as incompetents, but as high grade workers. It seems clear that no hospital should be encouraged to run a school unless it can give reasonable assurance that the graduates it turns out upon the rest of the medical and hospital world are well enough prepared to do at least passably good nursing. Yet the cost of conducting a good nursing school is proportionately much higher for the very small hospital than for the larger one. All of the schools in this lower quarter ought to be carefully scrutinized to see whether they are really needed, whether they can be brought up to a reasonably good standard, and whether the hospital can afford to maintain them.

The second lesson to be learned from this diagram is that most of the student nurses in this country are being educated by a comparatively small group of schools. The large schools, in the top quarter, account for more than half of all the students. In other words, the

large schools pretty much control the supply of nurses. If their methods are wise, the nurses will be competent; but if they are making any serious mistakes, the results will spread all over the country. This means that we must not assume that because a school is large and famous and powerful, it need not be carefully studied. It must be carefully studied, because of the very fact that it is large and powerful.

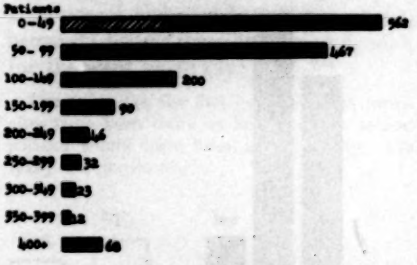


DIAGRAM NO. 4.

Nursing schools attached to hospitals having a daily average of 0-49 patients; 50-99, and so on. Shaded portion shows 185 hospitals (or 12 per cent) where daily average is less than 25 patients.

Most Training School Hospitals Are Small

WE spoke a few minutes ago of the fact that while there are exceptions, the small schools are, in general, connected with small hospitals. There are 562 schools, that is well over a third of all the schools in the country, connected with hospitals where the daily average is less than fifty patients for the entire hospital, and that figure includes private patients and convalescents. The black and white portion of the bar shows 185 hospitals or 12 per cent where the daily average is less than 25. There are 467 hospitals where the daily average is between 50 and 99; 200 between 100 and 149, and so on. More than one-third of the schools, that is, are connected with hospitals where the daily average is less than fifty patients, and two-thirds where it is less than one hundred. In view of the necessity for providing adequate clinical material, if students are to have the broad background of experience they need, these facts seem worth taking rather seriously.

Not Evenly Distributed

THE next diagram shows the number of student nurses per 100,000 population. In the North Atlantic states there are 49 nurses for every 100,000 people; in the North Central 58; in the South Atlantic 37; in the South Central 25; and in the West 59. The western states have more than twice as many student nurses in proportion to their population, as the South Central states have in proportion to *their* population. The chief use of a diagram like this is to raise questions as to why student nurses seem to be so unequally distributed, and whether the supply of graduate nurses

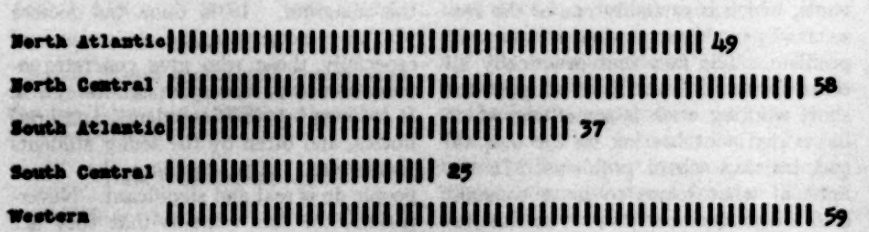


DIAGRAM NO. 5.

Student nurses per 100,000 population in each geographical division; 1925.

makes up the deficiency, and if not, why not. The chief moral of this diagram is that different parts of the country have different problems, and any grading scheme must take all parts of the country into account.

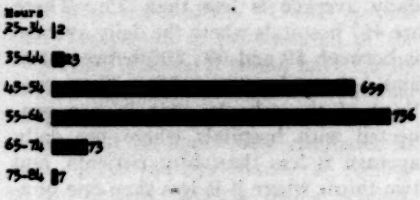


DIAGRAM No. 6.

Nursing schools reporting each length of working week for students on day service; 1925.

Length of Working Week

THIS diagram shows how many hours the student nurses work each week. From 25-34 hours are reported by two schools; from 35-44 hours, 23 schools; 45-54, 659 schools, etc. Hours are slightly longer in the South and shorter in the West, but the average for the country is 56. This diagram is interesting because we can compare the length of working week for student nurses, with that for other occupations. Stenographers in most offices work 38 hours a week; factory workers from 40 to 48, with most of them nearer 40; ununionized day labor works about 48. Apparently the only large group outside the hospital which works more than a 48-hour week is that of domestic servants, which is probably one of the reasons why we have a domestic servant problem. The fact that practically all other forms of labor have adopted the short working week is something which has a pertinent bearing on the hospital and training school problems. In the light of what seems to be a constant drift of good nurses away from institutional nursing and into public health nursing, it is probably worth noting that public health nursing organizations, according to figures recently collected by the census of the National Organization for Public Health Nursing, have an average working week of 42 hours.

Schools without Teachers

THIS diagram shows the number of schools having teachers. If we define a "teacher" as some one whose main job is the teaching of students, we find that there are 549 schools, or 37 per cent, which do not have any teachers

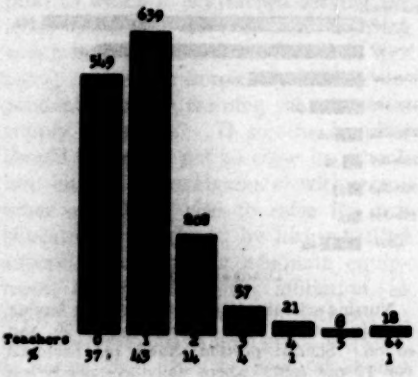


DIAGRAM No. 7.

Schools having no teachers or 1, 2, 3 etc., teachers respectively, 1925. ("Teacher" in this diagram means someone whose *principal activity* is teaching students).

at all; 639 have one teacher; 208 have two, and so on. No one would deny, I think, that some of the best teaching, teaching of the most worth while type, that comes to the student nurse is given by people who would not be shown in this diagram. It is done by doctors who give lectures in the classroom and especially those who give concrete explanation and discussion on the ward. It is given by superintendents, and head nurses, and often by the senior students themselves. The teaching that these people do is real and significant. Nevertheless, the fact remains that they are not hired for the purpose of teaching. Their main jobs are medical or nursing or administrative; and whatever teaching

they do must be subordinated. Yet if there is to be a real school, in which the most important job on hand is *teaching students*, and not merely providing service to a hospital, it seems safe to say that there should be some one on the staff who should give most of her time to the job of running a school, of teaching students.

I showed this diagram to one of the leaders in nursing education, who, when she saw it, exclaimed, "How splendid!" I suppose I looked a little taken aback, because I hadn't thought it was splendid, for she went on to say:

Ten years ago the first column would probably have been twice as high and the second column would have been almost empty. We really are improving!

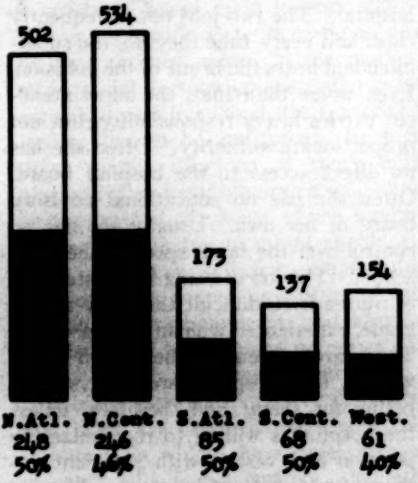


DIAGRAM NO. 8.

Schools in each geographical division where the superintendent of nurses has held the position less than 2 years ▮ or more than 2 years ▭ 1,500 schools; 1925.

New Superintendents

THIS is the last diagram which I am going to present. In the North Atlantic states there are 502 nursing schools. Of these, 248, or almost exactly 50 per cent, have changed superintendents within the past two years. This proportion holds just about the same all over the country. In the North Central states 46 per cent of the schools have changed superintendents; in the South Atlantic 50 per cent; in the South Central 50 per cent, and the West makes the best record, with 40 per cent. Moreover, conditions are probably even worse than these figures would indicate. We have only taken account of one change for each school during the two-year period; but we know that there are many schools which have had two or three superintendents within the period. I recently heard of a training school which has had seven different superintendents within the past twelve months.

An educational friend, the other day, on seeing this diagram, commented:

I don't know anything about nursing schools, but I do know, just by looking at that diagram, that something is seriously wrong with them. No system of education can possibly be in a healthy condition if half of its leaders quit their jobs every two years.

That stands to reason. It takes longer than two years to build up a worth while school. Every change of superintendents disturbs the existing machinery; and if those changes come often, there is little chance to develop anything of permanent educational value.

There seem to be two chief reasons back of this excessive turn-over. The first, and most important, apparently, is that there is a serious shortage of properly trained superintendents.* That is not the superintendents' fault. There is no way in which they can get adequate professional preparation for the job. While we have no accurate figures, it seems probable that most of the nursing school superintendents in the United States have had two or perhaps three years of high school, three years of training school, and a few months as head nurse on a ward, or in the

operating-room. They have had no direct training for the job of superintendent, except what they have acquired on the job itself.

It is worth while to compare the education required to be the head of a nursing school with that required to be the head of a high school. The nursing school superintendent must be a graduate nurse. In addition, most hospitals require at least a few months of duty as head nurse. They do not require the completion of high school or college. They do not require any professional graduate study whatever. Almost any bright student can become a superintendent of nurses, if she has done a little supervisory work and is willing to start in a small school. Once she gets her start, she can keep on going indefinitely.

The principal of the modern high school has to meet different requirements. No bright boy or girl can hope, by finishing high school and then helping around for a few months, to step into the office of principal. The high school principal of today, with a few exceptions, has finished high school, finished college, has had some teaching experience, and then gone to one of the big professional graduate schools, where he has taken either his A.M. or his Ph.D. He has spent two or three years of postgraduate work in studying the technic of running a high school.

Now running a training school for nurses isn't a simple job. If the high school principal needs to spend two or three years after he leaves college in studying educational administration, it would seem reasonable to expect that the training school principal—who, like the high school man, is charged with the responsibility of running an important and highly complicated branch of a big business, ought also to have some definite professional education for her job. Most superintendents of nurses work hard. They give freely of all the energy and intelligence they have. They would be the first to acknowledge that they need much better preparation than it has been possible for them to get, if they are to live up to the possibilities of their jobs. Probably the chief reason for the 50 per cent turn-over of superintendents is that the task is too difficult for them to handle without a broader professional foundation than it has been possible for them to secure.

The other reason for this tremendous turn-over is that the job of being training school superintendent is not particularly attractive. Most of the salaries are too low. Worse than that, the superintendent holds two jobs; she is supposed to run a school, but she is also supposed to furnish nursing care to the hospital. The two jobs not infrequently clash and every time they do, the superintendent bears the brunt of the collision. Even worse than that, the superintendent carries heavy responsibility, but not proportionate authority. Often she has no direct access to the hospital board. Often she has no educational advisory board of her own. Usually she has no control over the funds spent for her own school. The job of being superintendent of nurses is so difficult that only a high grade, experienced woman can handle it. There are so few of these high grade women, that hospitals are always competing for them; and therefore, unless the hospital is willing to reorganize the position and vest it with sufficient authority and independence of action so that it will be a really attractive job, it needn't hope to hold a competent superintendent. She won't stay. She doesn't have to. She can get another job.

Probably, the biggest contribution which hospitals could make to nursing education would be to cut down this 50 per cent turn-over of superintendents; but to do this they must, first, help devise some method of advanced professional

training, of a solidly practical sort, so that there will be a bigger supply of competent candidates; and, second, make the position of superintendent of nurses sufficiently dignified, and with sufficient pay and authority, so that when the hospital gets a good woman, it can keep her.

In conclusion, let me sum up this discussion by telling you what the typical nursing school is like:

The Typical Nursing School

It is in the North Central states.

It requires one year of high school for entrance.

It has 28 students.

It is attached to a hospital.

The hospital has a daily average of 65 patients.

Students work a 56-hour week.

The school employs one full-time teacher.

Its present superintendent has been on the job for two years and has just presented her resignation.

The Use of Lactic Acid Milk in Infant Feeding

By A. B. Schwartz, M.D.

Attending Physician, Milwaukee Children's Hospital

INFANTS thrive best on breast milk. Its use has the support of an experience based upon instinct, tradition and scientific fact. Sometimes, due to constitutional causes in the mother, or to social factors (women who must earn their own livelihood, etc.), artificial feeding has to be instituted. In such cases, simple dilutions of cow's milk plus additional carbohydrates will often be the method of choice. Such modifications of milk for an infant should always contain a sufficient number of calories and a proper proportion of fat, protein and carbohydrate, and also be supplemented by vitamins necessary for proper growth and development.

It is the experience of every pediatrist that there are cases of nutritional disturbances in which the simple dilution of cow's milk is not entirely adequate. Particularly is this the case in infants below the normal weight for their age. Such infants demand a food of high concentration which is at the same time easily digestible.

Lactic acid milk affords such a combination. Besides these two considerations, it has other merits making it a valuable adjunct in the artificial feeding problems of infancy. First, its acidity promotes gastric digestion by counteracting the neutralizing effect of the so-called "buffer" substances in cow's milk. These buffer substances in non-acidified cow's milk use up the normal acids of the stomach and thereby hinder digestion. Second, it allows the use of undiluted cow's milk and therefore makes frequent food changes unnecessary. Third, it is equally well digested at all ages of infancy. Fourth, the clinical results reported from its use have been good. Fifth, it is economical. Sixth, it is easily prepared.

The present study comprises the observations of the use of lactic acid milk with varying proportions of carbohydrates in several particular groups of feeding problems seen in hospital practice.

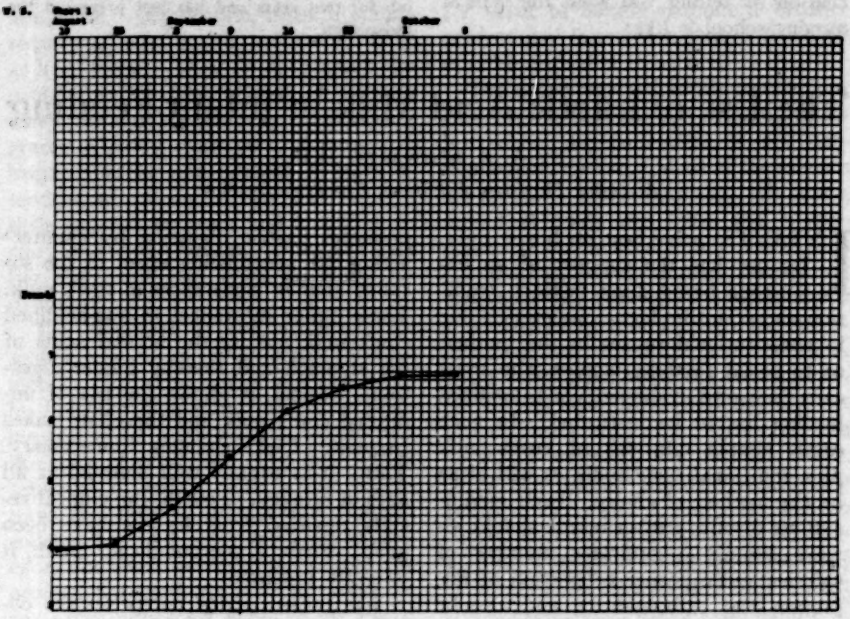
Group I. Premature Infants

PREMATURE infants are always difficult to raise. For practical purposes, every infant weighing less than 5 pounds must be regarded as a premature infant, regardless of whether it is a 7-months or an 8-months parturition. An infant so tiny can take but small quantities of food at a time. Obviously such food must be of high caloric value in order to produce gain in weight.

Breast milk is without question the ideal food for these babies. It is, however, unfortunate that the very situations that provoke prematurity often make it impossible for normal breast milk feeding. Severe constitutional diseases, such as cardio-renal disease, or tuberculosis, in the mother may contraindicate breast feeding. Certain social factors often militate against the possibility of successful breast feeding. This is often the case in the types of premature infants that are seen in hospital work—the "front doorstep" waif, whose arrival into existence is usually carried in the "green sheet" of the newspaper instead of the birth-notice column.

I present three examples of premature infants fed successfully on lactic acid milk. They illustrate one of its greatest indications. Given proper nursing care, its aim the maintenance of body temperature and the prevention of cross infection, I have seen better results with lactic acid milk than with any other substitute for breast milk.

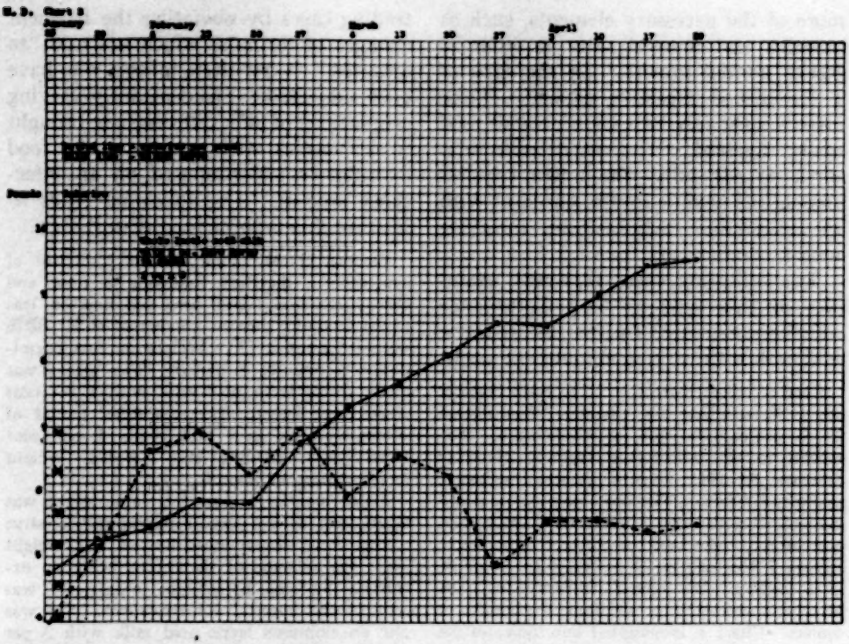
Case 1. (See Chart 1.) W. S., 7 months' birth, born August 4, 1925, and admitted to the Milwaukee Infants' Hospital ten days later, weighing 3½ pounds. Its admission temperature was 96°. The infant was given a ½ dilution of lactic acid milk with 1 ounce of Karo Syrup in 24 hours, 1½ ounces at a feeding, 12 feedings. Ten days later it was



given whole lactic acid milk, undiluted, with 1½ ounces Karo Syrup, two-ounce feedings, 8 feedings. The baby remained at the hospital for 2 months. It was discharged weighing 6¾ pounds. This baby made its best gain receiving 100 to 125 calories per pound.

Case 2. (See Chart 2.) M. D., a 7½ months' birth, born December 31, 1924, was admitted to the Milwaukee Infants' Hospital January 23, 1925, weighing 4 pounds 11 ounces. Admission temperature 97.2°. The infant was put on a formula of whole lactic acid milk with 2 ounces Karo Syrup to the quart. It was fed every 4 hours, two-ounce feedings. It was discharged April 20, 3 months later, weighing 9½ pounds.

Discussion: The first feedings were



given every 4 hours, which is too infrequent for a premature, as it does not allow sufficient food intake in the 24 hours. The infant's best gain was made on a food intake of close to 100 calories per pound. As the baby's weight approached the expected weight of a normal baby, its actual caloric intake was diminished.

Case 3. M. S., 6 months prematurity, born January 2, 1925, and admitted to the Milwaukee Infants' Hospital when 8 days old, weighing 3 pounds, 4 ounces. Temperature would not register on admission. One hour later it was 95.8°. The infant was given breast milk for 3 weeks, then put on whole lactic acid milk with 5 per cent Karo Syrup, later 6 per cent Karo Syrup. It was discharged 3 months later, weighing 7 pounds.

Talbot's experiments on the basal metabolism of prematurity showed that premature infants need an excess of food on account of the relatively greater amount of growth essential for the normal development of these babies. His infants did not gain in weight until they were able to digest approximately 200 calories in the day.

Group II. Malnutrition

A COMMON group of difficult feeding problems seen by the pediatrist, particularly in his hospital service, are those infants who have been taken off the breast because the baby was not gaining, or was crying too much. Either one of these conditions could probably have been remedied by complementing the breast feeding with a simple milk mixture. In dispensary practice, particularly, one is struck with the frequency with which babies are unnecessarily weaned. Often such babies are tried on inadequate milk mixture so long that dyspepsia develops, and a true food intolerance results.

As Mariott has pointed out, the malnourished infant must receive not only more total calories per pound, but also

more of the necessary elements, such as proteins and mineral salts in order to insure normal growth. In the face of a diminished digestive capacity, these infants must receive a concentrated food easily digested. The usual milk mixtures do not fulfill these two requirements, but acidified milk, enriched with an assimilable carbohydrate, furnishes such a combination.

The following cases represent examples of this type of food disturbance which were treated by the use of lactic acid milk with varying amounts of sugar.

Case 4. (See Chart 4.) L. J., born October 10, 1924, weighing 7¼ pounds. Was nursed for 3 weeks, then put on whole milk. Admitted to the Milwaukee Infants' Hospital, January 16, 1925. Age 3 months; weight 6 pounds, 3 ounces. The baby was given whole lactic acid milk with 3 per cent Karo Syrup, and slowly increased to 10 per cent Karo Syrup, 7 feedings in 24 hours, 4 to 5 ounces at a feeding. Discharged February 26, 1925, after a 6 weeks' stay, weighing 9 pounds, 14 ounces. Chart 4, interrupted line indicates the intake of calories per pound. At one point, this infant was receiving 120 calories per pound, 2½ times the caloric needs of a normal infant.

Case 5. F. S., born January 5, 1925, weighing 8 pounds, 7 ounces. Admitted to Milwaukee Infants' Hospital on January 28, 1926, age 2 weeks, weight 7 pounds. Was breast fed for 2 weeks and was then getting milk and water. The baby was put on whole lactic with 5 per cent Karo Syrup which was later increased to 6, 7, 8 and 10 per cent. On discharge, the Karo Syrup was reduced to 5 per cent. Discharged March 31, 1925, after a 2 months' stay, weighing 12 pounds.

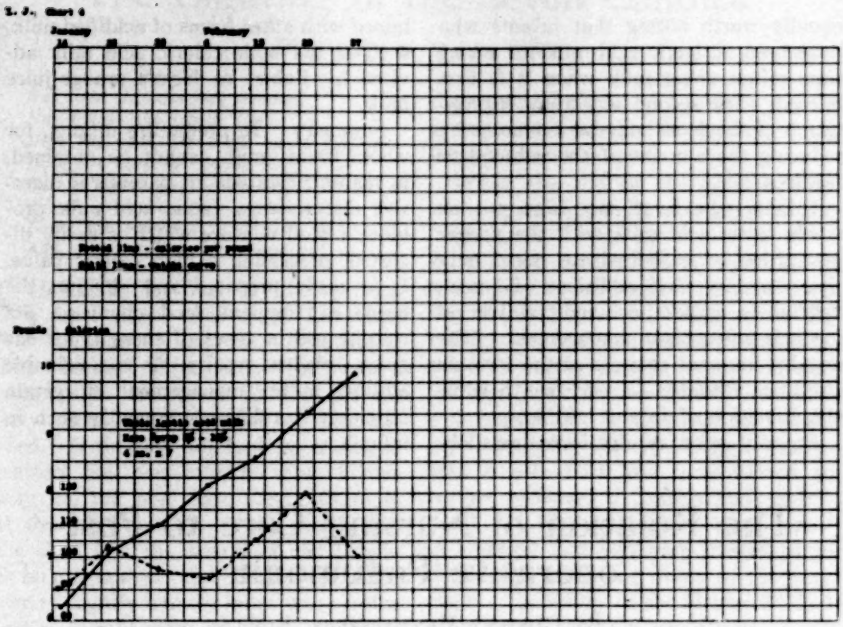
Group III. Parenteral Food Disturbances

A STUDY of the severe digestive disturbances seen in infants in hospitals as well as observations of these upsets witnessed in one's private practice drives one more and more to the conclusion that the majority of these upsets are the result of throat infections —so called parenteral infections. A better understanding of this relationship would reduce the number of difficult feeding cases by obviating the frequent changes of formulas which are said "to disagree." Very often, infants who have been subjected to the constantly varying proportions of milk dilutions are brought to the hospital with symptoms of a food disturbance superimposed on an infectious process. The following cases illustrate this type of food disturbance.

Case 6. J. M. First seen at 3 months of age with a diarrhea following a nose and throat infection. Had been fed first on Imperial Granum, then on condensed milk. Birth weight 9 pounds (?) Weight on first examination 9 pounds, 3 ounces. The infant was given whole lactic acid milk with 5 per cent Karo Corn Syrup, after a 4 days' period of skimmed lactic acid milk with 4 per cent Karo Syrup. Hospital stay 2 weeks. Weight on discharge 10 pounds.

At 10 months of age, this same infant was again seen with a similar parenteral digestive upset, slight fever, loose bowels and weight loss. On account of the infant being an extremely nervous hypertonic infant, she was sent to the hospital for treatment. She was put on skimmed lactic acid milk with 3 per cent Karo Syrup for 5 days, on ½ skimmed lactic and ½ whole lactic for 2 days, then on whole lactic acid milk. In 9 days, the baby gained 1½ pounds, and by that time was well enough to be put on a mixed diet, when she made a very rapid weight gain. Discharged after a 3 weeks' stay, with a weight gain of 3½ pounds.

Case 7. R. R., born October 23, 1924, weight 8½ pounds, was first seen when 4 months of age, weighing 8 pounds, 15 ounces. Was never breast-fed. Had milk and water with Dextri Maltose, Malted milk, Imperial Granum, condensed milk and egg white in water for varying periods of time. The infant had gone through several attacks of high fever associated with digestive upsets, and at 4 months, when admitted to the Milwaukee Infants' Hospital was very undernourished, had bronchitis and a swelling of one knee which was diagnosed as a toxic arthritis. The Von Pirquet test, Mantoux test, Roentgenograph of chest, were negative. Roentgenograph of the knee showed no changes. The leg was put in extension. The food was changed to fat free lactic acid milk with 3 per cent Karo Syrup. The baby remained at the hospital for one month, gained 2 pounds, and was then put on whole lactic



acid milk, and made a rapid and uneventful recovery.

Case 8. J. C., age 3½ months, had been sick a week with sore throat and digestive upset—diarrhea and vomiting. He was given water only, for 3 days, green tea for 2 days, and for the 2 days preceding admission to the hospital had been allowed a 1-3 milk mixture. Admitted to the Milwaukee Infants' Hospital with loose stools, weighing 12 pounds, 12 ounces. He was put on whole lactic acid milk with 3 per cent Karo Syrup, which feedings he took very eagerly. Gained 10 ounces in 10 days. Discharged while on formula of 36 ounces whole lactic acid milk with 4 per cent Karo Syrup, 6 feedings, 4 ounces each.

During the past three years, I have used lactic acid milk almost routinely in my medical service at the Milwaukee Children's Hospital and at the Milwaukee Infants' Hospital, as well as in selected cases in private practice. Some of these infants received cultured lactic acid milk, others, lactic acid milk prepared with commercial lactic acid. Commercial lactic acid has given equally good results. This is prepared according to Marriott's instructions, only the amount of acid is varied according to the particular case. The usual prescription is as follows:

Boil one quart of certified milk for five minutes. Cool. When thoroughly cooled, add 124 drops lactic acid (ask druggist for United States Pharmacopeia Lactic Acid). Add the lactic acid drop by drop, stirring after the addition of each drop. Use an ordinary medicine dropper. Add 2 ounces Karo Corn Syrup. Mix thoroughly into the milk mixture.

The most common objection to the use of lactic acid milk has been the aesthetic objection raised by parents to feeding "sour milk" to a baby. This is obviously an irrelevant objection. The other objections occasionally heard are that the food is not willingly taken and that the food is regurgitated. The first objection is more often encountered in private practice than in hospital work. It is usually overcome after a few days by patiently persisting in its use. It is

equally worth noting that infants who have been on lactic acid milk for a long time refuse sweet milk when it is first offered. The second objection, regurgitation of the food, may be overcome by reducing the amount of the subsequent feedings.

Infants who have once been put on whole lactic acid milk with the proper proportion of carbohydrates need only the necessary food additions of cereal, vegetables, orange juice and cod-liver oil in their subsequent management. The usually frequent changes of the formula itself are obviated—a very worth while simplification of infant feeding.

Equally good results have been obtained with other forms of acidified milk, such as the hydrochloric acid milk advised by Faber, or Hess's orange-juice milk.

Summary: In premature infants, for whom breast milk cannot be obtained, in malnutrition and in parenteral digestive disturbances, lactic acid milk provides a food mixture which is easily digested, possessing a high caloric value. It is easily prepared and obviates the needs of frequent food changes. Its routine use in cases of these types has given excellent results. It is a valuable adjunct in the management of certain nutritional problems frequently seen in infants.

The Relation of Nursing Care to Postoperative Pneumonia

By Carolyn Henneberger, R.N.

NO patient is ever operated on in the Joseph Price Hospital who has a cold or who is just getting over one and great care is taken that the patient is not chilled before operation. In the course of twenty years in the hospital we have had only two cases of postoperative pneumonia, one of whom was a patient who had been addicted to the use of alcohol. This, we feel justified in saying, is due largely to the good nursing care the patient receives.

Just before leaving the operating room, a large old-fashioned mustard plaster is placed on the patient's chest and is left there until the skin becomes reddened. A large piece of flannel is then placed on the chest and is left there all day.

After coming from the operating room, the patient is carefully watched and when the operation has been a major one, the patient is not left alone for twenty hours. With such close observation, any change for the worse is seen at once and reported, which saves many a life.

All of our patients who have had an abdominal section without pus, have their beds elevated as soon as they come from the operating room. We believe this action to be a great preventive of shock.

We keep water away from all our patients who have undergone a major operation for twenty hours. At this time small sips of hot water are given, provided there is no nausea or vomiting. This is followed by cold water, in small amounts at first until we are sure there is no danger of disturbing the patient's stomach. We do not believe in giving a surgical patient anything by mouth as long as there is any danger of nausea or vomiting.

The Lighting of the Seven Candles

By Carrie B. Wead, R.N.

Not amid the sound of plaudits
Nor before the garish day
Does she shed her soul's sweet perfume
Does she take her gentle way,
But in silence and in darkness
Where no eye may see or know
There her footsteps shod with mercy
And swift kindness come and go.

SURELY it was of the private duty nurse that Paul Lawrence Dunbar wrote so beautifully. The homes throughout the entire countryside are open to the private duty nurse in their time of physical need. It matters not how luxurious, it matters not how humble those homes may be, the best that they contain is at the nurse's service. She enters into the lives and the hearts of the people as no others ever can. Hers is the privilege to dignify homely labor into service and to glorify work with love. Hers is the privilege to scatter knowledge broadcast, never hesitating to give away the simple, practical tricks of the trade, for she is often asked "What to do for grandmother's rheumatism, for father's calloused feet and just what to do the next time Johnny swallows a penny." Hers is a broad, liberal education. In her coming and her going she learns of many noble sacrifices mankind is making for mankind. She learns from actual experience and a great degree of personal comfort how some people live. She learns from actual experience and no degree of comfort how other people live. She learns many, many things in the broad school of life. She learns some things not taught in training schools. For she is often told that the "only cure for inward spasms is witch-hazel tea;" that "the very best dressing for the umbilical cord is a scorched rag;" and "the next time you get a patient that has run a rusty nail in his foot, if you just take that *particular* nail, put it in a pan of grease and keep it hot for ten days, lockjaw won't set in."

While the life of the private duty nurse must be a daily expression of the Nightingale Pledge, while she must be as a model soldier, never complaining when duty is hard and conditions seem depressing, never grumbling when the rations are short and the hours are long, never hesitating in the face of danger, yet the work has in itself wonderful compensations. Is there not an inward joy in knowing that you have helped to save a life—that you have helped to restore someone to health and usefulness? Is there not a feeling of peace in knowing that you were trusted to go with some loved one down to the very edge of the Valley of the Shadow? And even though the fight was a losing fight, is it not a comfort to know that your work was well done, even though when the time comes for the Almighty to take unto Himself His own, neither doctor nor nurse nor drugs can intervene?

Is there a life so narrow, is there a heart so cold but that a responsive chord is touched when you know that you are the trusted one to stand beside the young mother, giving her strength from your strength, courage from your courage, hope from your hope, that she may meet the trial of the supreme hour for which her womanhood was created? And do you not receive joy from her joy! We are told that the "hand that rocks the cradle is the hand that rules the world." And yet how many times is it a nurse that *saves* that hand to "rock the cradle?"

Nursing history shows us that it is a far cry from the Sairy Gamps and the Betsy Prigs of yesterday to the trained nurse of today. For the trained nurse

of today is not the intemperate, coarse, vulgar, ignorant type, but rather a woman whose inner life must be so illuminated by the burning within the temple of her mind, heart and soul such a cluster of lights as blended and glowed in the fabulous seven-branched candlestick of old.

The *first* candle which she must light is the candle of intelligence, for the trained nurse of today must also educate and elevate.

The *second* candle to be lighted is the candle of knowledge, for she must indeed meet emergencies.

The *third* candle is the candle of enthusiasm, for without enthusiasm duty becomes a burden.

The *fourth* is the candle of compassion, for every life needs sympathy, therefore every life must give sympathy.

The *fifth* candle is the candle of loyalty, for without loyalty all things become as failures.

The *sixth* candle is the candle of morality, for without virtue we cannot serve. Sooner or later a blackened life is going to cast its shadow.

The *seventh* candle, the headlight, the beacon, the crown of all the other lights, the one that must be kept trimmed and burning, is the candle of service, for service is the base and the foundation of our profession.

Nurses, nurses everywhere, and especially private duty nurses, when your star of hope grows dim, when the ray of light leading to your ideal becomes faint, have you ever stopped to think at Christmas time, with the spirit of Christmas prevading the air, what a glorious privilege, what a wonderful service, yet through the eyes of the world how lowly, if yours had been the opportunity to have ministered unto Mary when she gave birth to the Christ Child—and yet we are told "Inasmuch as ye have done it unto one of the least, ye have done it unto Me."

A Central School for Preliminary Courses in Virginia

THE School of Nursing of the Medical College of Virginia (Richmond) is now organized with its own dean and has been made coördinate in rank with the schools of medicine, dentistry and pharmacy. Elizabeth C. Reitz is dean of the school, which has the Memorial Hospital for its practice field and which enrolled its first class of matriculates this Autumn.

The school of the Stuart Circle Hospital, guided by its principal, Charlotte Pfeiffer, shares with the Memorial Hospital School the excellent facilities for preliminary work thus forming a nucleus for a central school. The students of this school also are graduates of accredited high schools and matriculated in the school of nursing of the Medical College. Classes are held daily from 10 a. m. to 1 p. m. for sixteen weeks for courses in Anatomy and Physiology, Chemistry, Bacteriology, Hygiene and Sanitation, Psychology, and Materia Medica. The resident instructors of the two schools teach the nursing subjects. Students are on duty from one to one and one-half hours during this period. The respective hospital boards carry the expense of matriculation, tuition, and transportation.

Dr. W. L. Sanger, President of the Medical College, is deeply interested in this plan which is one that should ultimately attract other schools of nursing in Richmond.

Nursing Conditions in South Africa

By Bella Gordon Alexander, S.R.N.

THE history of nursing in South Africa, especially since the inauguration of the South African Trained Nurses' Association, has been one of rapid and striking development. Like every country in the world, South Africa has conditions which are peculiarly her own and which, to some extent, affect the nursing profession. Population is sparse, distances are great, and consequently conferences and discussions which help so greatly to solve many problems are difficult to arrange and progress must necessarily be slow.

Comparatively speaking, South Africa is a young country, and has been aptly described as a country of amazing contrasts, and a certain contrariness is suggested in "the rivers without water, the flowers without scent, and the birds without song," and this spirit is in evidence in its nursing affairs. On the one hand we have a number of large hospitals with very good training schools attached, and on the other hand there is a much larger number of small hospitals where conditions are very indifferent, and in some cases very bad, but nearly all clamor for recognition as training schools, and fail to realize that their demand, if acceded to, tends to keep the professional standard low.

This was the first section of the British Empire to adopt the principle of registration of nurses, but only in a partial and incomplete way, and a State Registration Act, which was, and still is, embodied in the Medical, Dental and Pharmacy Bill, was passed in the Cape Province in 1891, and in the Transvaal Province in 1904.

There are four provinces in the Union of South Africa, the Cape Province, Transvaal Province, Natal Province, and Orange Free State Province, and each one has a Medical Council composed of medical men, dentists and chemists; nurses' examinations are conducted by medical men appointed by each of these Councils, but in the Transvaal Province, only, there is one nurse examiner who examines in practical work in the final examinations, so at present nurses have practically no control over, and take no part in the professional examinations. A register is kept in each province quite independently, and until recently it was difficult to establish reciprocity, but great improvements have taken place, brought about partly by a combined meeting of the four Medical Councils held in 1923. The S. A. T. N. A. was invited to send two representatives to this meeting, and practically every suggestion put forward by the South African Trained Nurses' Association was adopted by the Medical Councils, and they have been very sympathetic and helpful in every way, and are anxious to establish and maintain a high standard of training for nurses.

Difficulty of Securing Legislation

FOR many years now a Medical, Dental and Pharmacy Bill has been before the House of Assembly, which provides for a Union Medical Council which would eventually ensure uniformity of teaching and examination throughout the whole country. Provision is also made in the bill for compulsory registration, and admission to the register would only be granted after examination by an approved examining body, and after a prescribed course of training in a recognized training school.

The bill further provides for the representation of the nursing profession on the General Medical Council and this is considered a great step forward and most important, as it would give nurses a voice in the control of their own

affairs. Its importance may not be realized by other countries where greater advances have been made, but nurses in South Africa constitute a very small portion of the population, and feel elated that they are able to obtain any recognition at all, however unsatisfactory and imperfect that may appear to be. The Medical bill is again down for discussion during the present session, and hopes are entertained for its success on its somewhat perilous and possibly stormy passage through the House. There are a few controversial clauses in connection with the Medical and Pharmacy section that invariably give rise to much discussion, and these have been responsible for wrecking it. Although all the regulations controlling the nursing and midwifery of South Africa are embodied in this bill, this profession is not recognized in its title, a rather serious omission which it is hoped the representatives on the Union Medical Council, if it materializes, will soon rectify.

In spite of the fact that the necessity for state registration was recognized and had been granted to all four provinces in 1904, nurses had no status till 1914, as there was no nursing organization in the country.

In 1913, the present editor of the *South African Nursing Record*, Dr. J. Tremble, of East London, published its first issue, and to him is due the credit of starting the South African Trained Nurses' Association, which was formed in 1914, with less than 100 members, a portion of whom were not too enthusiastic or hopeful.

The first Central Board Meeting was held in Johannesburg in 1915 and there were eight delegates present, including Dr. Tremble who had been sent as a delegate by one of the branches. He now holds an advisory position, but cannot act as a delegate, and has no voting power, although the Association owes him more for his hard work and valuable advice and guidance than it can ever hope to repay.

Nurses' War Memorial Fund

IN 1914 and 1915, branches of the T.N.A. were formed in all the larger towns of the Union, but owing to the war and the large number of South African nurses who had gone overseas, progress was very slow. One of the first actions of the Association was to start a fund for the care and equipment of nurses on war service. The nurses in England and France formed an Overseas Branch, and the equipment fund disbursed thousands of pounds for the benefit of nurses at the front. It is a matter of pride that none were overlooked, and that all those who were ill or in need of money for any purpose were helped. The subsequent development of this fund was the formation of a Nurses' War Memorial Fund, dedicated to the memory of a number of South African nurses who gave their lives both in action and disease during the Great War. This fund was designed to help aged and incapacitated nurses who were unable to earn a living, but it has grown much beyond the original intention. It is, at present, run on a provincial basis, and the funds already amount to some thousands of pounds. The interest on the money invested is distributed amongst deserving nurses, and there are many who receive regular benefit from it. In addition to this there is a Holiday Home at the seaside which was a gift to the War Memorial from a generous donor, and South Africa can boast that no nurse need end her days in poverty or undue hardship, as there is provision for all who require help. Such a state of affairs would have been impossible if it had not been for the existence of the Association, and this has all been accomplished by a few hundred nurses, with the help and sympathy of several very good friends. It

is hoped, later, to establish a residential club and a home for aged and incapacitated nurses.

There is also a Sick Fund, administered by a Sub-committee to aid any members who are in need of monetary assistance owing to a prolonged illness, and no deserving case is allowed to suffer.

Membership Privileges

THE annual subscription to the Association is one guinea, and for this amount everyone receives the right of membership, the *Nursing Record* monthly, and financial help in case of illness. Amounts of from £6 to £16 are given once a year, according to length of illness, and need of applicant; the Sick Fund disburses in these small amounts from £300 to £400 per annum. The Central Board (Governing Board) meets once a year, in one of the larger centres, and the branch at that centre undertakes all local arrangements, including hospitality. Delegates from each branch are elected in the proportion of one delegate to 25 members; these meetings are of exceptional value and the discussions, and more especially the personal contacts, are eagerly looked forward to. The expenses of the delegates are borne by the Association—one-half by the Central Fund, and one-half by the individual branch.

The Association was received as a member of the International Council of Nurses at Copenhagen in 1922, and was represented at the Helsingfors Conference by two of its members, Miss Child, who is now resident in England (after having given the best years of her nursing life to South Africa), and by the present General Secretary. The memory of that wonderful Conference is an inspiration — the many friendships so quickly formed, but which count for so much—the long and strenuous meetings, and above all the personal contact with so many great women in the nursing profession who have done so much for education, progress and professional status.

It is agreed that a Nursing Conference is to be held in Johannesburg in 1927, and the members of the Association hope it will be successful. Branches have now been formed in Rhodesia and South West Africa, and the time is fast approaching when the services of an organizing Secretary will be required for expansion and development.

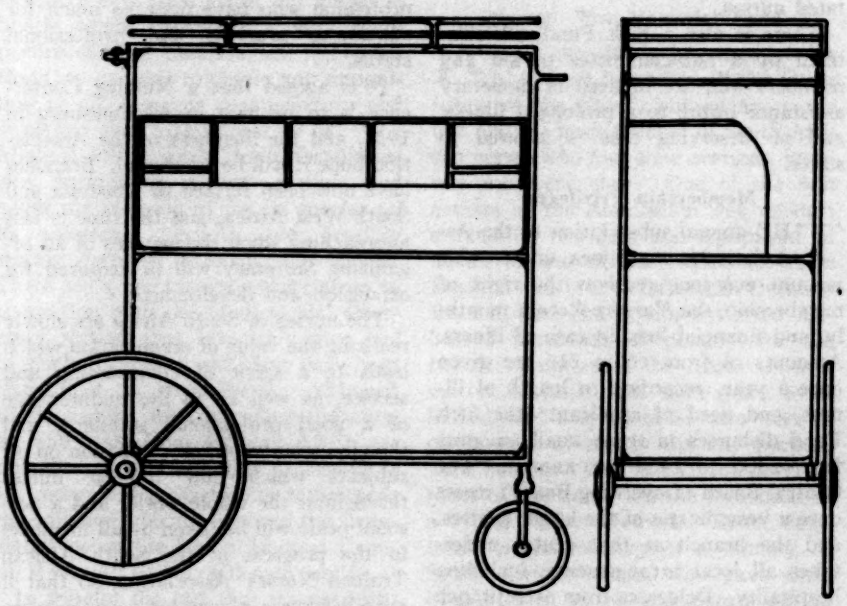
The nurses of South Africa are slowly realizing the value of organization which leads to a spirit of comradeship and service, as well as to the maintenance of a good professional standard, and the opportunity of full discussion on all subjects which now interest nurses throughout the whole world, and a personal pride will be taken by all members in the progress of the South African Trained Nurses' Association, so that it may become a power for good in every community.

The General Secretary was enabled to pay a short visit to the United States of America in 1925; she looks back with much pleasure to the generous hospitality extended to her by the various hospitals and nursing organizations which she visited and she sends greetings and best wishes to all of them.

A Practical Suggestion

A ROLL of paper of appropriate size has proven to be a great economy in the departments where children are examined at Baylor Hospital, Dallas, Texas. Instead of replacing the sheet or even a towel for every examination, a fresh paper is placed over the pad covering the examining table. It is quickly adjusted, quickly discarded, and is quite as comfortable for the child as a cotton cover.

Tidying a Dressing Carriage



"OUR dressing carriages were so cluttered up that we thought we should have to purchase new and larger ones," said Mrs. Mary C. Eden, Directress of Nurses of the Presbyterian Hospital, Philadelphia. "One of the nurses suggested that what we really needed was a rack for dressings and, sure enough, racks made in the hospital at a very low cost serve the purpose admirably and have saved a considerable outlay."

The racks are made to fit the second shelf of the carriages and consist simply of a bottom, back and sides with appropriate compartments for sterile packages of the dressings in common use. Note that large packages go on the bottom of the rack, a shelf and partitions subdividing the upper portion. The racks are made of wood finished with white enamel.

Come, Let Us Sing!

WE repeat our annual invitation to every man, woman and child who can "make a joyful noise" to meet at the Hospital for the Carol Singing that has been such a joyful feature of our Xmas Eve the last few years. Regardless of wind or weather, we will make our usual journey over town, stopping to greet all the lighted candles, so far as we can. The meeting place will be the Hospital, the hour nine o'clock. Please bring a flash light with you, if you possibly can. The Carol Committee will furnish books for everyone. At eleven o'clock, everybody will gather at The Nurses' Home, where the starving multitude will be fed. So come and sing, all you who are able; and if you are not, don't forget to do your part by putting your little candle in the window "to light the Christ Child in."

—From the *Bulletin of the Wheatland General Hospital*, Wheatland, Wyoming.

Social Hygiene and the Nurse

By John H. Stokes, M.D.

(Continued from the November Journal)

The Larger Issues of Social Hygiene

THUS it comes about that we confront the preventive future of syphilis and gonorrhea less in the appropriate use of mercury, silver and arsenic, than in the larger problems of the moral life. Though, as a physician addressing nurses going out to deal with the concrete problems of the field, I have spoken most fully about disease, the impression I would leave with you is that such are but the lesser aspects of the problem. The real meaning of social hygiene, as I suggested in my opening words, transcends the venereal issue. The fundamental problem of social hygiene is so to recreate the sexual life of man that the injustices, the miscarriages of sense, the frustrations of intelligence which on every side today mark our reactions and our laws toward the vital issue of our own perpetuation, shall disappear. With them will go much of the necessity for the bodily curing of sexual mis-steps.

Perhaps I tell you the obvious, when I name it among the fundamental principles of social hygiene that sex life is not a marketable commodity, and may not be bought or sold in symbol or in fact. It is indeed the gift of love, and in no other name can it be offered or received. The sale of sexual favors in prostitution, open or concealed; the exploitation of sex for profit in the moving picture industry and on the stage; economic wage slavery for women, fortunately now less frequent than it used to be, all carry the coining stamp, and first principles demand that we be uncompromising in our condemnation and unsparing in our efforts at suppression of them. The effect of that suppression through law enforcement has thus far been all to the good. Changing sex ideals and customs may yet throw wide some door that has been closed and may be closed again, but wherever you see the slightest sign that anyone is making money by the opening process, lean hard to the closing side.

Suppose, now, for a moment, we come down to first principles. To live a completely fulfilled and balanced sex life, in its broadest sense of love, and sexual relief, and home and family, is not a privilege or a luxury, but an inalienable right of the body and spirit of mankind, part and parcel of that right to life, liberty and the pursuit of happiness which our fathers so glorified. Deprivation, miscarriage, and restraint of the sexual right is not a trivial incident in the lives of no small part of humanity, but a tragedy of the first magnitude, whose power to warp, twist and distort the image of God in man surpasses the physical violence of the hurricane. Born as we are into a set of tribal *mores* or institutions, it is often difficult to realize that deprivation of the sexual right, too often accepted as a matter of course, like deprivation of liberty and the pursuit of happiness, should never be a casual matter, but should be exercised by law and social custom only for cause, adequate cause, and for the clearly apparent well-being of all. I make these positive and forceful statements to you with deliberate intent to arouse you to a thinking mind regarding this part of yourselves and your patients. It is your duty and privilege to think about sex, about marriage and childbirth, about birth control and divorce, about the happy and the broken home, the over-nurtured and the under-nurtured child, the childless woman in and out of

marriage, the childless man. Realize that there is probably no single aspect of its life on earth about which mankind has endured more emotional and spiritual torment with less exercise of God-given intelligence than in the field of its sexual life. The legal fabric which expresses the relation of men and women to each other antedates the Deluge in many of its most vital and significant points. Dig into it, explore it, bring the young mind to bear upon it, ask yourselves what it really means, that all our economic order, for example, is set in direct antagonism to this most fundamental of our instincts and most precious of our human relationships. Never take it for granted that everything that is, is good, that sexual institutions are immutable, final, God-given. Bring your intelligence to bear upon them fearlessly, hopefully, determinedly and seriously. Forgive the adventurers, even while you pity them. Be assured that the final wisdom, the perfect knowledge, the true preventive, the ideally developed philosophy, science, and ethic of the sexual life are still far in the future.

But while I thus throw wide the gates to the inquiring mind, and bid you enter as part of your duty to the problems of social hygiene, I would not have you believe that mankind has learned nothing about sex and sex life and all its manifold collaterals in four hundred centuries. The belief in a bond of marriage of one man to one woman, freely entered into and freely maintained, graced with the birth and disciplined by the rearing of children, seems to be the most enduring of our tribal sexual *mores*. The more one studies it, the more one appreciates such a union at its best as the finest, the happiest, the most developing relation of life. And by contrast, the more one sees of its frustration, the more he dreads the heartbreak, the devastation, the perversion of character, the ruin of ideals that its failures cost. Enter then into your study of the problems of marriage with a genuine deference for the landmarks of this great battlefield of race and personal idealism. As nurses in homes, realize that you will meet it barefaced; and though the experience strip you of illusion, still hold to your idealism for it. Its victories are rarely sung, its defeats, for all the activity of the cheap sex press, are usually hushed up. It was once said that man is fortunate in that he can hear only a limited range of sound, for could he sense the deepest tones of the cataract, and feel the highest pitched cheepings of insects, with all the gamut that connects them, he would perish, a sensory wreck, in the roar of creation. So in marriage be not too regretful if you never be made to know the uttermost of either the joy or agony that it can contain. Feel for it a reverential deference, as for a scene of noble victory and noble defeat in one. But never let your sense of reverence blind you to the fact that your obligation to social hygiene lies in the raising of the aggregate total victory above defeat by every reasoned and intelligent device, whether it be labeled home economics, motherhood courses, banns, birth control or divorce.

Education and Social Hygiene

EDUCATION for the sexual life, and a bending of the economic demands of modern times toward the needs of marriage are two of the most practical needs of today in the field of social hygiene. Of the latter I can say nothing in the time allowed. The exercise of the sexual right, no less than that of the right to vote, and the right to earn a living, demands and should receive an intensive educational preparation. Yet a serious attempt to develop such guidance for those growing up to or entering the sexual life, is hardly of more than fifty years' standing in this country. The methods of today are still a huge but,

we believe, hopeful experiment. Almost over night, at first through the activities of a small group of men and women who formed the nucleus of the American Social Hygiene Association, and then carried forward with a rush under the impetus and necessities of the great war, education on the sexual life has become not only available, but the fashion. It is now possible to obtain so much information, and discussion has attained such a degree of unreserve, that conservative voices are raised in horror over the desecration of all the older sanctities and privacies of life. Personally, I have less fear of this chitter-chatter than of what Stevenson so aptly called the cowardly silence, and believe that temporary excess of frankness will correct itself with time.

Several great gains have been made, of every one of which the nurse should avail herself in her own behalf and in that of her patients. We now know that the education of the child on sex matters must be begun by imperceptible degrees, in early childhood, from the age of four or five, at which time the first questions are asked of the mother. It is now possible, even for the tongue-tied and self-conscious parent, to obtain books and reading material through the American Social Hygiene Association which will supply the very words that should be said to the child in response to his first inquiries. The education of parents has made a fair beginning, and more and more of them are learning through reading in biology and human physiology, to objectify the situation, to use their own words, beliefs and experiences for the education of their children, and to maintain contact with them on these matters from birth to marriage. The nurse who enters the home where there are small children need not ostentatiously parade a knowledge of sex at the dinner table. But she can, time and again, set some groping mother on the right track with a curious youngster or an older child who is beginning to get out of touch and to seek information from unhealthy sources. In all this work, the older tendency to play up venereal disease and frighten the adolescent into good behavior is dying out.

The second great gain, which is still in its very beginnings, is the appreciation of a need for education in the art of getting and being married. Into this most complex joy- and pain-producing relaxation of life, young men and more often young women, are daily plunging without the slightest conception of their physiologic necessities, requirements and functions, without the rudiments of a give-and-take attitude of mind, and too often with hidden complexes, repulsions and inhibitions about sexual intercourse, born of the old sexual prudery and sanctimonious nastiness, which reduce their hope of happiness almost to zero from the start. How many of you understand what an essential part of the technic of being married is the absolute bridling of the tongue the first year, the complete suppression of the impulse to scold, to chide, to talk back? With what desperate promptness does uncontrolled pregnancy add financial overstrain, temporary ill health and mental abnormalities to the burdens of a young pair striving for the vital adjustments of the first months of marriage. In this work the physician who is a humanist, and even the comprehending nurse, can do a priceless service in behalf of the fulfilled and adequate sexual life, and in the literal defeat of disease and death. Find a physician and a humanist who can do these things for you and for your patients, when the time comes.

Education for parenthood, and especially for motherhood, is the oldest of the educational aspects of the new era in social hygiene. To the books that have been available for some years, preparing the mother for the issue of childbirth,

and the raising of the young child, are being added the more vital and far-reaching constructive influences of the pre-natal and the well-baby clinic. Every nurse, even though she do only private duty or institutional work, owes it to her heritage as a woman, to stand back of such movements, to visit them, give some of her time and thought to them and preach their possibilities and worth to all the world.

In the community center and the psychiatric clinic, some attention is being paid to the much misunderstood adolescent, and even mass teaching in the high schools is sometimes successful under sufficiently skilled direction, though to it many are called, but few chosen. The accepted place, so far as such has been developed, for sex instruction in the schools, is interwoven with the courses in biology, literature, art and history, rather than as separate courses dealing exclusively and without perspective, with the facts of sex. The immense part played by sex problems in psychic disorders is being stressed in mental hygiene work, and corrective suggestions and methods can constantly be studied in the files of such periodicals as the Journal of Mental Hygiene.

The well balanced and fulfilled sex life makes the stiffest and most uncompromising demands upon character. In fact, upon sound character and upon education for it, rather than upon the more artificial devices of specialized sex education, must we build our expectations for the ultimately successful and satisfying human sexual life. The spoiled boy or girl, the uninhibited, uncontrolled child, the parent who in the baby's very birth and infant upbringing, displays an inability to bring character into being, is a common spectacle in the life of nurses as of physicians, every day. Do what you can to straighten the feeble knees, and to teach self-mastery to the rebellious will. Even the tooth-brush, systematically used, and the wash-cloth, in themselves trifles, become symbols of that habitual self-control that makes the character that keeps sexually clean for marriage and would sooner die than defame the temple of God with avoidable disease. Whersoever, then, you can give one creative touch to a saner, sounder, broader man, woman or child, know that you are building for social hygiene and contributing to the conquest of syphilis and gonorrhea.

Like the physician, the nurse confronts the imperiousness of the sexual life on every side. Even the armor of strong character, high ideals and clear thinking bears many a dent inflicted on it in the death agonies of some of the lives into which you will be drawn, the conflicts in which it seems that even God Himself will not let you be a passive witness. If you have seeing hearts, you cannot but sense in others many of the inward struggles of which you will perhaps know with bitter writhings the meaning in your own lives. What shall I say to you of these things, the very inwardness of social hygiene for us and for our work? First, learn to play. Demand the liberation of your spirit in it as your right, and the right of all those who choose to master sexual desire. Then, and I never know whether to place it first or second, learn to work. Live in mortal terror of the idle mind, the mischief-maker of this world. Give yourself to a work of such intensity and difficulty that it can stupify and narcotize, if must be, but which at its best gives you a sense of mastery of a noble craft. In it, and in the relaxation of vivid normal play, you will find the creative outlets that offer whatever of peace this life can give to the sexually starved. You are indeed fortunate in being women, to whom, thus far at least in the life story of humanity, an open-eyed and earnest idealism has been most truly a birthright.

The tangles of the sexual life, both personal and social, unravel, and the coil smooths away, only when love, the square deal and unselfish generosity of spirit can unite unhindered in your life and in your laws. Do what you can to make them the guiding principles of conduct. You follow in the steps of Christ, Who laid the foundation of social hygiene, as He did of every aspect of the bodily and spiritual life, in those inexpressibly simple yet all-inclusive words in which He told us to do unto others as we would that they should do unto us, and to love our neighbor as ourselves.

One Hundred Thousand and up

The Story of the A. N. A. Nurses' Relief Fund

ELISE VAN NESS, collaborating with AGNES G. DEANS, R.N.

A SHORT time ago, after an address by a nurse on the activities of the American Nurses' Association, a layman approached the speaker and said: "Do you mean to tell me that you have $122,000 in the Nurses' Relief Fund?" "Yes," was the answer.

"Well," said the layman, "I should say that the American Nurses' Association is one of the wealthiest women's organizations in the world."

His remark may or may not have been true, but this and other questions raised by nurses on what the Nurses' Relief Fund is and how it is invested takes those who have watched it grow, back to the time, fifteen years ago, when it existed only in the minds of a group of nurses.

The need of relief for nurses who were ill had been heard for years as an overtone at the conventions. Nurses whose friends had been forced to lay down their work on account of illness had discussed with other nurses the possibilities of helping them, and the sentiment had grown and spread that something should be done by the nursing profession for nurses.

It was at a meeting of the American Nurses' Association in Richmond, in 1907, that the subject was first placed in the open before the convention. Mary E. P. Davis, in a statement made at one of the sessions, said that she had received an appeal from many superintendents of nursing schools calling attention to the special rates for nurses offered by an insurance company. Her remarks brought the whole subject of nurses' relief before the audience, and an intensive discussion followed. The fact most strikingly brought out was a need for more data, and a motion was made and carried that a committee be appointed to investigate insurance, annuity funds and sick benefits. Miss Davis was made chairman, and Anna C. Jammé and M. I. Wyche were named to serve with her. This committee marked the initial step in building the foundation of the Relief Fund.

If the field of investigation before this committee were large, it did not discourage the members who collected a wealth of information to spread before the national convention in San Francisco, in 1908. Meanwhile enthusiasm was mounting and a plan for relief began to take form. The deeper the committee went into their subject, the more they were convinced that a Nurses' Relief Fund would be the most effective plan, and in 1911, at the annual convention in Boston, the members recommended that a fund be started by

voluntary contributions by the nurses of the country. Then the first call for contributions for the Nurses' Relief Fund was sounded from the platform, and the nurses established a precedent in generosity by subscribing $1,657 before the session was over. The first Nurses' Relief Fund Committee was appointed, and the members whose names will go down in history are L. A. Giberson, Philadelphia; Elizabeth E. Golding, New York; Emma M. Nichols, Boston; Maud Muller, San Antonio, and Reba Thelin, Baltimore.

A great fund which would be available to an increasing number of nurses was the dream of the founders, and it began to be realized. It was the committee that suggested that calendars be prepared and sold to increase the fund, a plan which brought $3,002.82 into its treasury in 1913. Only one-third of the first quota of $10,000 had been raised, but this was the least of the worries of the nurses. They stated confidently that the full amount would be raised the following year, and the results proved that they did not overestimate their profession. Another calendar was printed, and contributions poured in from all sides. In 1914, the Relief Fund had grown to $11,910.17, every penny of this amount subscribed by nurses.

The first four applications for benefits under the Fund were made in 1915. First to receive relief was a nurse who had met with an accident, and was temporarily out of funds; the second was ill with tuberculosis and was without relatives or funds; the third had been ill for a number of years, and the fourth was suffering from a complication of diseases. Here at last the Fund was functioning in the purpose for which it had been established.

When the Fund reached $10,000, it meant that the association had definitely arrived in the capitalistic realm, and the next step was to make some investments. The treasurer of the American Nurses' Association was advised to confer on investment possibilities with the Farmers' Loan and Trust Company Bank which had been selected as a depository for the Fund. After a conference with its president, she made recommendations to the board of directors of the American Nurses' Association, and in 1913, $9,000 of the Fund was invested as follows:

One bond Atchison, Topeka and Santa Fé Railroad	$1,000
Two bonds, $1,000 each, Chicago, Burlington and Quincy	2,000
Two bonds, $1,000 each, Chicago, Milwaukee and St. Paul	2,000
One bond Illinois Central Railroad	1,000
One bond Southern Pacific Railroad	1,000
One bond Great Northern Railroad	1,000
One bond Louisville and Nashville Railroad	1,000

It will be seen that the Association had a predilection for railroads in this year, but their interest shifted slightly two years later when the following investments were made:

Two certificates, $1,000 each, Provident Loan Society of New York	$2,000
Two bonds, $1,000 each, Pennsylvania Railroad	2,000
Four bonds, $500 each, New York Telephone and Telegraph Co	2,000

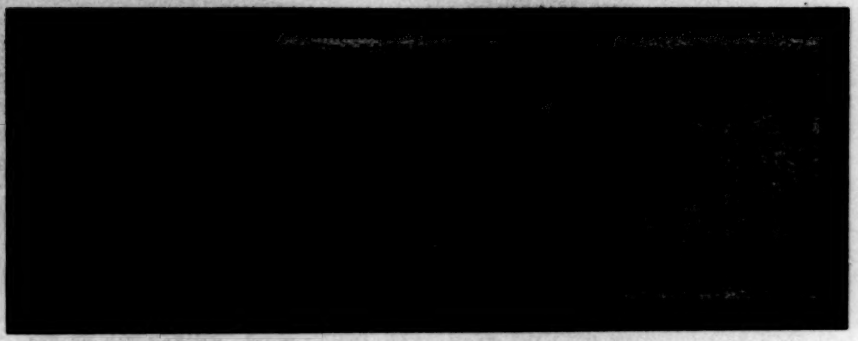
Here it is noticeable that only one railroad was represented. During the war years which followed, Liberty Loan bonds were an engrossing subject, and the Association bought all the issues with enthusiasm. The investments from 1917 through 1922 amount to $42,050, the mounting figure being a terse commentary on the swelling Fund. In these years the records show the following investments made:

1917

Three First Liberty Loan bonds, $1,000 each	$ 3,000
One Second Liberty Loan bond	1,000

1918

One Third Liberty Loan bond	1,000
One Fourth Liberty Loan bond	1,000



HERE IS A TYPICAL CHECK SENT BY THE NURSES' RELIEF FUND COMMITTEE EVERY MONTH TO NURSES IN EVERY PART OF THE UNITED STATES

1919	
One Fourth Liberty Loan bond	$ 100
1920	
Three Third Liberty Loan bonds, $1,000 each	3,000
One First Liberty Loan bond	100
One Second Liberty Loan bond	100
1921	
One Second Liberty Loan bond	50
One Second Liberty Loan bond	100
Two First Liberty Loan bonds, $5,000 each	10,000
Twelve First Liberty Loan bonds, 1,000 each	12,000
One First Liberty Loan bond	500
1922	
One Third Liberty Loan bond	10,000
One Third Liberty Loan bond	100

In 1924 and 1925 the Liberty Loan still has the main emphasis, but non-government securities were also represented in the following investments made:

1924	
One Third Liberty Loan bond	$ 50
One Fourth Liberty Loan bond	10,000
One Fourth Liberty Loan bond	5,000
Two Union Mortgage bonds, $1,000 each	2,000
Two Union Mortgage bonds, $5,000 each	10,000
1925	
Two American Telephone and Telegraph Company bonds, $1,000 each	2,000

Investments in these two years amounted to $29,050, but in the past year $18,000 has already been invested by the American Nurses' Association. These new investments are:

Seven American Telephone and Telegraph Company bonds, $1,000 each	$ 7,000
Two American Telephone and Telegraph Company bonds, $500 each	1,000
One Second Liberty Loan bond	10,000

With a total of $104,000 invested, since 1913, by the Association, not one cent has been lost; in other words, members of the nursing profession have proved to be good business women. The yearly income from these investments, in October 1926, was $5,214.51.

Though it is told only in the staccato records of financial reports, the work of nurses associated with the Nurses' Relief Fund has been remarkable in its devotion. Mrs. C. V. Twiss, treasurer of the American Nurses' Association, is responsible to a large extent for the sound investments and the far-seeing policies of the organization in establishing and maintaining the Fund. Standing as a veritable Alexander Hamilton in Association history, she had charge of all the money that was poured into the coffers from 1911 to 1922. Untiring personal service has been given by her and by the three chairmen, Lydia Giberson, of Philadelphia, now Mrs. Crass; Elizabeth E. Golding, of New York, and Mrs. Janette Peterson of Pasadena, California. Until 1923 the only expense in operating the Fund was postage and

stationery, and the travel expense for the chairman on two occasions. How far the hours these women have labored would stretch were it possible to place them end to end!

When the Headquarters office of the American Nurses' Association was established in 1923, the clerical work connected with the Fund was assumed by the office. It was at this time too that the dues of members were increased from 15 cents per capita to 50 cents which, on a membership of 42,419, made $21,209.50 accrue to the Association when only $6,362.85 would have been available before the change. Although the law governing the administration of funds allows five per cent of the total contributions to be used for operating expenses, this amount was never charged against the Fund until 1926, when it was found that two-thirds of the time of the bookkeeper at Headquarters were required to operate it. It was voted by the board of directors and ratified that two-thirds of the bookkeeper's salary, or $111 monthly, be paid by the Fund; the remaining clerical work was distributed among the members of the office staff.

Any nurse who is a member of the American Nurses' Association who is ill and unable to meet all her own expenses, is eligible for aid through the Fund. Many of the nurses receiving benefits have been active in state and local work and many have helped build up the Fund. That those who receive relief are in many instances later able to assume their full duties is graphically shown in the case of a nurse who, on her death, left a legacy to the American Nurses' Association Nurses' Relief Fund. A typical expression of appreciation of what the Fund does is contained in the following extract from the letter of a nurse: "I cannot tell you how grateful I am," she said:

> It will be the greatest help until I am able to work again. Through the association, I feel as though the whole world were helping me, there are so many who have a share in it, and I wish I could thank each one.

Another nurse says:

> Fifteen dollars means more to me than ever in my life.

The average amount paid by the Nurses' Relief Fund to the individual nurse is $15 monthly, $20 in a few extreme cases. The amount of the benefit is determined by the need of the nurse, by the amount of help she may be receiving from other sources and the number who are receiving benefits. Decision is made by the Relief Fund Committee, a small and active committee of five, appointed by the Board of Directors of the American Nurses' Association. Its action is ratified by the directors of the association.

When relief is sought, the nurse applies to the chairman of the Relief Fund of the state association where she resides, or if this is unknown, to the headquarters of the American Nurses' Association, 370 Seventh Avenue, New York. As soon as the blanks are filled out and the credentials of the nurse are received, an initial payment of $10 is made to the applicant, and further payments of $10 monthly are accorded her while the application is under consideration. The time which will elapse before help is received depends on the alacrity with which the blanks are filled out and returned, and on the promptness with which the applications can be approved by the members of the committee. An effort is always made to expedite the preliminary steps. The length of time the assistance is allowed depends upon the reports of the physical condition of the beneficiary obtained in consultation with the attending physician or upon the time elapsing before the nurse may be able to return to her duties.

Until 1924, a collection for the Nurses' Relief Fund was always taken

at the annual and biennial meetings of the American Nurses' Association, and generally provided some of the most exciting moments of the conventions. Thousands of dollars have been added to the Fund through this means.

A fund that, 15 years ago, existed only in a diaphanous form amounts today to more than $122,000 and gives relief to over 120 nurses. In January 1916, the total of the Nurses' Relief Fund was $15,940.25; three years later it had grown to $24,376.80. In 1923, the total was $61,082.38; today it has doubled that figure. The total amount expended for benefits up to October 1 of this year, has been $59,253.10, and since January 1, the benefits for 1926 have reached $14,355.

The loyalty and generosity of nurses have been shown in large as well as in small contributions since the Fund was established. Jane A. Delano left $5,000 intact in trust for the American Nurses' Association, the interest to be used at the discretion of the Association for the Nurses' Relief Fund or for the promotion of any objects for which the Association was established.

A sombre note is struck in the number of nurses suffering from tuberculosis who are seeking relief through the Fund. Of the 122 on the list of beneficiaries in October 1926, 56 were suffering from this disease, many being recent graduates.

One of the finest things about the Nurses' Relief Fund is the fact that it represents the service of the many for the few. Gladly carried on and increased from year to year, the Fund will be one of the biggest contributions of the Association until that millenium is reached when individual service does not sometimes result in individual want. Nurses' humanity to nurses will bridge these years.

The Psychology of Trays

By Bertha M. Wood

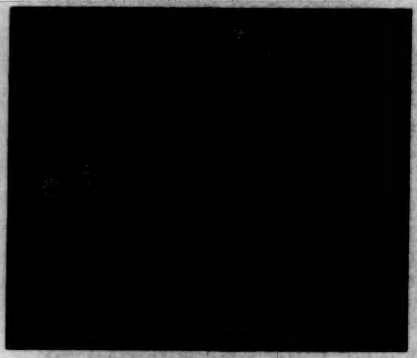
TRAYS, Trays, Trays, three times a day, and many times, more frequently! That's the way it often seems to the patients as well as to those who are responsible for feeding them. What can be done to cheer up the patients and make it easier for the nurses?

In the hospitals it must be the same tray each time because, for economic reasons, only one set of trays ever inhabits a hospital at the same time. It's easier to standardize trays than people, so hospitals have chosen to use the same kind of trays throughout.

But on private duty, when specialing a case; or in private homes, it is possible to have more than one shape or pattern of trays. A glass of orange juice or ginger ale, with a small plate on which may rest a salt cracker, is much more attractive served on a small round tray than on a large oblong one; while a light breakfast may be served on a medium sized oval or round tray. Even in homes where every penny counts, a variety of trays may be used for they may be secured from the five- and ten-cent stores. Some member of the family will want to buy a surprise for the patient; why not a tray? When a friend inquires of the nurse, "What can I send?" why not an inexpensive tray?

The illustrations show various styles and shapes of trays, by the use of which there would be less monotony for the patient.

It is interesting to see how many different tray cloths or covers may be found. First there is the paper napkin, plain white or with an imitation of a hem. There are also the ones with



On a small oblong tray, decorated with gay flowers, is placed a glass, set on a small decorated plate, and filled with fruit juice ade, with a sipper in it. Beside this, on a small plate, is a bread and butter sandwich cut to represent a chicken. It has a green celery leaf for a tail, a whole clove for an eye, and small pieces of parsley and carrot in its bill.

flowers or figures and a different kind may be used each time. A plain linen napkin or tray cloth may be used and it may be possible to find a luncheon napkin that fits nicely. Paper doilies placed under the fruit or the dessert glass or cup, trim up a serving.

The next thing to be considered is how to make the tray carry cheer to the patient. The morning tray may have a flower laid across the top, a different one each time. This keeps the patient anticipating and also guessing what kind and color will appear each day. A place card may be used at noon, home made, from a calling card, gum drop, and a birthday candle. Cut off the lower part, below the name, of a calling card, moisten the under side of a small gum drop and place on the left side of the card. With a sharp knife cut a cross in the top of the gum drop and insert the small candle. Have some member of the family write on the card, "Bright day to you," and either sign his own name or the patient's. The same idea may be carried out by using one-half a marshmallow as a candle holder.

Small gourds, cut open and cleaned out, make festive holders of small candies or jelly at Thanksgiving.

A small pine cone with a red candle stuck in the top makes an attractive addition to a Christmas tray. Also, a red cream peppermint with a red gum drop stuck on it for a candle holder makes an appropriate Christmas decoration.

Any bit of crepe paper, even a paper napkin, will furnish material for a rose

The different styles of trays and a hot plate cover suggest what may be found in many homes to add variety in service.

or flower holder for salted nuts, small candy or a few white grapes. Cut a strip of crepe paper, eight inches long by one inch wide, and cut slits in this every inch without severing from the strip. Roll back the corners of each square on a darning or knitting needle. Wind the strip into a rose cup and paste on white paper or cardboard, with a piece of green paper cut like a leaf, pasted underneath. Any green material will serve.

A colored sipper may be used to take the place of a medicine tube to add novelty and interest to a drink.

Maraschino cherries add cheer to some very ordinary dishes. A baked peeled orange, served as a garnish to a meat dish, is not only attractive but

This dinner tray is oblong, much like the regulation hospital tray. In the background is a small bud vase with two rose buds in it and on either side are two tall silver salt and pepper shakers. On the right is a Chinese tea pot and on the left a sherbet glass full of chocolate junket, with whipped cream as a garnish. In front of this is a cup cake with a marshmallow frosting and cherry decoration. The main dish, in the center, is a plate on which is a beef tenderloin, creamed potatoes, and a garnish of carrot straws. The tea cup stands at the right of the plate. The silver and napkin are in their proper places.

appetizing. Lemon may be sliced, then sprinkled with chopped parsley or water cress, or it may have a few whole cloves stuck into it, to add to its looks and usefulness in flavor.

Marshmallows are useful things to have on hand. One may be cut part way through and placed on the edge of the cocoa or chocolate cup to add variety. Again a marshmallow may be cut in two and placed on a cup cake or a slice of cake for an interesting garnish. It may be sprinkled with grated orange or lemon rind to furnish color. Marshmallows cut up in a fruit salad are always a pleasant surprise.

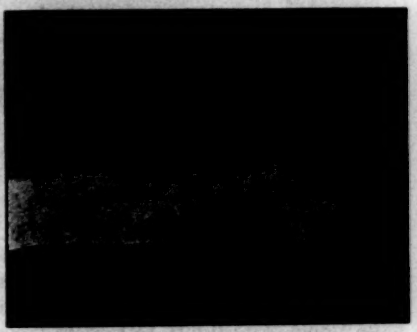
Jellies may be cut in fancy shapes and used to garnish cut-up fruit, or a sandwich, or served with hot or cold meat.

The best dishes should be brought out and used as needed, from time to time, remembering that "variety is the spice of life," particularly with people who are not well.

There should be a uniform way of setting up the tray. The silver should be in the same place each time, also the dishes. This is one of the times when patients do not appreciate variety. They enjoy knowing where they may find their knife, fork, and spoon, as well as cup, saucer, and butter plate.

If menus can be planned with a little thought as to color, the tray will be more welcome to the patient. This can be done more frequently than would seem possible on first thought.

Possibly the breakfast tray is the most important, as it helps to start the day right but if the good work can be kept up all day, so much the better.



The above favors are all home made and require little time. Commencing at the left there is an apple basket filled with currant jelly. Next it is a pine cone, set on a place card, and in the top is a small red candle, held in place with chewing gum. To the right is a green and yellow striped gourd cut as a jack o' lantern, with a small candle inside. Next is a grapefruit case, filled with grapefruit. Note the handle of the grapefruit is curled back. In front of the grapefruit is a place card for Mrs. Goodlady. A marshmallow, cut in two, is placed, sticky side down, on the card, and a smiling face drawn on the marshmallow with a tooth pick and some raspberry jam. Just beyond this is a New Year's favor made by placing a large peppermint patty on a doily, inserting a stick of candy in the center of the peppermint, hanging on this stick a calendar, and putting a gum drop on top of the stick, to keep the string which holds the calendar from slipping. At the extreme right is a small gourd, made in the shape of a basket, filled with strawberry jam.

The Montreal Nursing Session

Discussion of Nursing at Hospital Standardization Conference of College of Surgeons

By Malcolm T. MacEachern, M.D., C.M., D.Sc.

NEVER before was an opportunity afforded for so many doctors, nurses, hospital trustees, superintendents and personnel to meet in common session to discuss the present, much-debated subject of nursing. Over two thousand representatives availed themselves of this opportunity in Montreal on the afternoon of October 25, during the Hospital Standardization Conference of the American College of Surgeons. The entire session was devoted to a symposium on Nursing Education, Standards and Service. On the same platform an array of leaders in the medical and nursing professions and the hospital field were present to discuss nursing from the various viewpoints, namely, the medical profession, the hospital, the student nurse and the nursing profession. It was not expected to accomplish any great reform through this meeting, but on the other hand it was hoped that each group represented would have ample opportunity to present facts from their respective viewpoints for the purpose of unifying the various opinions now held in regard to nursing. A vast amount of valuable information was presented, which it is impossible to summarize at the present moment, but which will be published in full shortly.[1] The distribution of over eight thousand copies of the October Bulletin of the American College of Surgeons to its Fellows, containing Janet M. Geister's paper, Hearsay and Facts in Private Duty,[2] afforded much appreciated information to all who were able to read this article and brought to the meeting a more sympathetic and common basis for thought and discussion.

The advantages of this conference may be summarized as follows:

1. The bringing together for the first time the three groups—medical, nursing and hospital, in joint conference to secure a better understanding of each other's viewpoint in regard to nursing. This in itself justified the holding of such a conference.
2. The presenting of valuable data by the respective groups which can be profitably used as a basis for future thought and consideration.
3. The focusing of more sympathetic attention and interest on a definite standard for nursing which would assure the best care of the patient and the adequate education of the nurse.
4. The convincing of the American College of Surgeons that more attention should be directed to the consideration of nursing as a part of the program of Hospital Standardization.
5. The creating of a more profound general consensus of opinion that high standards of education and training are necessary for a proper nursing service.
6. The promoting of a greater desire for the utmost coöperation among the groups concerned.

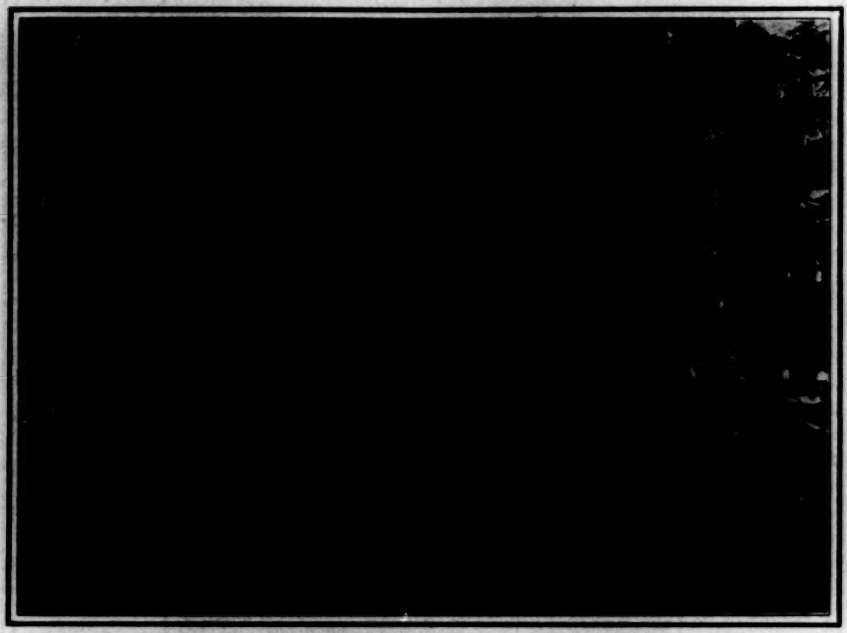
In the opinion of the American College of Surgeons this was a most successful conference. As the sessions were heavy, a considerable number of papers and addresses being presented, limited time was given on Monday for discussion and the conference was adjourned until Thursday morning. However, the limited discussion on Thursday indicated clearly that all parties must have had sufficient information to answer any particular questions that were troubling them at the time. It is the intention of the American College of Surgeons to continue this discussion at the next meeting of the Clinical Congress in Detroit, October, 1927.

[1] By the American College of Surgeons.

[2] American Journal of Nursing, July, 1926.

A Mile of Christmas Trees

Santa Rosa Avenue, Altadena, California



THE idea of decorating this beautiful avenue of deodars originated, a number of years ago, with Mr. F. C. Nash of Pasadena, at that time President of the Kiwanis Club. The custom has now become established and each year the Kiwanis Club assumes the responsibility of lighting the trees.

From Christmas Eve to New Year's night, the many-colored, twinkling lights send holiday cheer for miles around and thousands wend their way to the little town which nestles at the foot of the Sierra Madres to view the lovely sight.

The Bellevue-Yorkville Health Demonstration

THE Community Health Council, comprising fifty-six voluntary health organizations, and the Department of Health of New York City, with the aid of the Milbank Memorial Fund, are making a notable effort "to secure the best health for the greatest number of people in a metropolitan city." "That the fund of health knowledge, which is so far in advance of its application, may be more fully put to work to accomplish a maximum of health results at a minimum of cost, is the hope of the public and private health agencies engaged in this Demonstration." Every phase and manner of the city's life, including all the grades of living from luxury to poverty, are included and contrasted in the demonstration which has chosen for its field a segment of the very heart of the city.

Who's Who in the Nursing World

LXV. MRS. ETHEL PALMER CLARKE

Mrs. Clarke has been Director of the Indiana University School of Nursing since 1915. Patiently she has mothered the school that was but a tiny plant with 11 students when she took it over until it now has an enrollment of 150 and has graduated 144 nurses. Believing that a state university has a very real obligation to its state, Mrs. Clarke has with consistent foresight endeavored to meet the growing needs of nursing in Indiana by developing nurses with initiative and sound training who might serve with distinction in the private duty and public health fields as well as in the more academic field of the schools of nursing.

Mrs. Clarke is of English birth but completed her education at the Southern Seminary, Virginia. She is a graduate of the University of Maryland Hospital and has had a year of postgraduate work at Teachers College, New York. Although she began her nursing career as a private duty nurse, the administrative group claims her, as she has been Superintendent of Nurses at the De Soto Sanitarium, Jacksonville, Florida, and at the University Hospital, Baltimore. She has been active in many phases of both state and national organization work, she has contributed to many programs and has been President of the Maryland State Nurses' Association and of the Indiana League of Nursing Education.

EDITORIALS

Christmas Gift

IT was in the Southland, years ago, after a joyous day of gathering holly and mistletoe for our own use in decorating a hospital, that we first heard the rolicsome greeting early on a Christmas morning, "Christmas Gift"! The game was to see who could say it first, though there were no apparent rewards for the very alert, other than that of being first.

Joseph Fort Newton says that, "Only God could have thought of Christmas." We have no knowledge of whom He first inspired to utter the greeting "Christmas Gift" but we joyously shout to nurses everywhere, "Christmas Gift!" May the gifts they receive and the gifts they make, prove real blessings; and to those who do not feel in the mood for "Christmas Gift" we suggest, as we do annually, a re-reading of "the greatest little book in the world," Dickens' "Christmas Carol."

Southern Journeyings

LIKE a beautiful mosaic is the editor's recollection of recent visits in the Gulf States. On the durable foundation of the friendship of nurse for nurse is laid a glowing design composed of many vivid colors and inevitably also, since nursing is like life itself, of some more sombre hues, and all held together by the golden bonds of a common purpose. Forming the background of the picture is the beautiful southern setting, the moss-wreathed live oaks, the palm trees, the blossoming oleanders, the profusion of late roses, the miles upon miles of ripened cotton, glimpses of broad rivers and the vast sweep of the great Gulf itself. Impressed vividly and in gayest colors are the beautifully appointed luncheons, the teas, the dinners with which nurses are wont to adorn professional gatherings and which brought new meanings to the never outworn phrase, "southern hospitality."

State associations are individual and have as much personality as people. The meetings of Georgia, Alabama, Louisiana and Mississippi had much in common and yet differed at many points. Each state has its own excellencies, its own difficulties.

Florida's meeting unfortunately conflicted with another date and the treat of visiting that association is reserved for another journey. Texas has its annual meeting in the spring but some of the "go-getters" of that state, which is an interesting blend of the South and the West, hastened plans for a League Institute and three profitable days were spent in Galveston and Houston listening to constructive discussion of the local problems in educating nurses.

Southern states are constantly augmenting their nursing resources. We await with eagerness some evidence of interest in nursing by the Duke Foundation in North Carolina. Nashville, home of Peabody College and of Vanderbilt University, and incidentally the scene of one of those delightful parties, has much to offer ambitious nurses. The University of Florida's summer courses are proving genuinely attractive. The efforts of Virginia nurses to establish a chair of nursing in the famous old University of Virginia will soon bear fruit. The larger schools are awakening to the responsibility of offering affiliations to smaller ones and, as they do everywhere, the small hospitals need generous support in solving the problem of securing good teaching for students along with good nursing for patients. The interesting manner in which public health, private duty and institutional nurses work shoulder to shoulder in the organizations is a gratifying memory as is the generous

fashion in which some of the older nurses are helping the younger sisters to try their wings in organization work.

The Editor is fully conscious of the rare privilege which is hers. To move rapidly from state to state, to observe the quality of group after group, to sense and in some degree to visualize the social implications, the social value of each group in its own community, is a genuinely thrilling experience. Life has no greater gift than to feel one's self a nurse among nurses, to savor the rich gifts of their friendship and to share the labors that are helping to make the world a healthier and a happier place in which to live. The memory mosaic of the editor's first southern trip will be a lasting inspiration.

Miss Geister Accepts A. N. A. Position

JANET M. GEISTER must have toiled over the writing of "Hearsay and Fact in Private Duty," for the preparation of a statistical article such as that is no easy task. Such writing is always time-consuming and Miss Geister had to do it in off-duty time, for it was a labor of love performed because of her deep interest in private duty nurses, and no part of her official duty. As she worked, she could not have guessed that a door to national nursing headquarters was opening to her, but—the door has swung wide, and on January first, she will take office as Director at Headquarters of the American Nurses' Association.

Miss Geister is known to thousands of nurses. To those who have not met her, she is best described as a friendly Middle Westerner with a national point of view. Born and educated in Illinois, it was natural that the early professional years which included private duty, social service and public health nursing, should have been spent in that state.

Following this studious period of development, Miss Geister entered the national field by way of the U. S. Children's Bureau, from which she went to the office of the National Organization for Public Health Nursing. Both of these positions included the responsibility of making investigations and field studies of various sorts. They brought her into touch with many nurses and other workers. Still later, we find her making studies of visiting nursing in various communities for a national committee. Since 1923 she has been Assistant Executive Secretary of the Associated Out-Patient Clinics in New York.

With such a background, Miss Geister may be expected to bring to the position at Headquarters such valuable qualities as courage, the vision to comprehend large issues, and a friendly spirit which manifests itself in an intense interest in individuals.

Miss Geister has not been an active worker in American Nurses' Association projects, as such, but she is a nurse intensely loyal to nurses whatever their specialties, keenly sensitive to the needs of nurses in whatever branch of nursing they may be engaged, and alert to opportunities for them because of her experience and training in social service. Withal she is a modest woman striving to do each thing as it comes as well as it is possible for her to do it.

The American Nurses' Association is fortunate in finding a worthy successor to Miss Deans whose friends, we know, will support her work by supporting her successor, while Miss Geister's own friends, numbering thousands of nurses all over the country, will do their utmost to make bright the way of one who is assuming responsibility for one of the most arduous and important positions in the profession. As for the support of the group of nurses and their associates at Headquarters, that is whole heartedly pledged in advance, for they have a common service to perform —the advancement of nursing and nursing service in this country.

Dr. Lockwood Comments on Nursing

A VERY significant feature of the recent meeting of the American College of Surgeons at Montreal was the part assigned on the Hospital Standardization program to the subject of Nursing Education. This discussion, which was participated in by prominent medical men and representative nurses, clearly demonstrated the need of a better understanding between the medical and the nursing professions.

There is an apparent conflict between medical men and the leaders in the nursing profession as to the educational requirements necessary to produce ideal nursing service. Many men of the highest standing in the medical profession still cling to the idea that a limited apprenticeship at the bedside is sufficient background for the modern nurse and that extensive theoretical and scientific training are not essential to skillful nursing.

It is our belief that this attitude on the part of medical men is due to a lack of appreciation of the great contribution which scientific nursing can make and is making in the prevention of disease. We have only to consider the essential role played by the nurse in the technic of the operating room to appreciate the importance of a scientific training for the nurse who enters a specialized field. The application of the same intelligent service in other fields of medicine has undreamed-of possibilities; for example, in the care of diabetics, in the handling of hyperthyroidism and in the management of mental and nervous cases. The same highly specialized knowledge as now prevails in surgical technic, applied to these departments of medicine, will greatly improve the treatment employed in these cases. If medical men would only take the time and trouble to weigh the value of scientific nursing in their various fields of practice and endeavor to develop an interest on the part of the student nurse in the scientific aspects of disease, they would find a ready response from the nurse and would restore much of the old spirit of comradeship and coöperation that prevailed in the early days of nursing.

Instead of expecting blind compliance with arbitrary orders, if the medical man will endeavor to arouse an intelligent interest and enlightened coöperation, he will be rewarded by a fine response on the part of the educated nurse.

C. D. L.

"When You Need a Nurse"

SUCH is the title of an article on nursing by Constance Marshall in *The Woman Citizen* for November which we commend to all who are interested in the distribution of nurses, particularly of those in private duty. Both forceful and encouraging are Miss Marshall's statements regarding the use of official registries and her conclusion that what the public really wants, it will secure for itself. Nurses must teach the public the use of the professional machinery provided by many of the district and state associations but—they must also teach others to a greater extent than has yet been done.

It was in Georgia that a nurse remarked:

> Our registry is much more active since we had it included in the *Journal's* list of Official Registries. Nurses from many states write to us about actual nursing conditions and about institutions before embarking on the venture of a change of location.

These nurses have the right idea of the scope of a registry.

The *Woman Citizen's* article is timely. So too was the splendid article by Mrs. Bruyere in the September *Century*. It is significant of the increasing importance of the nurse in the whole social structure that publications of high standards and of far-reaching influence are interested in placing some of the problems of nursing in constructive fashion

before their readers. An enlightened public can do much to improve conditions. It behooves nurses to keep themselves well abreast of the best thought not only within professional groups but also with that of the nurse-employing public.

Discussion of Nursing at Montreal

EIGHTEEN speakers participated in the program on Nursing at the meeting of the College of Surgeons at Montreal, a program arranged because the College "had such forceful requests" for the inclusion of a discussion of nursing in the Hospital Standardization program that they could not be denied. Naturally, there was no time for informal discussion after such a program and a time was set for discussion later in the week. And then an astonishing thing occurred. A subject which had been stated by a rather rabid opponent of real standards in nursing to be full of dynamite was left untouched! Even repeated urging from the Chair brought forth no flicker of fire, much less an explosion of dynamite. The reason? The subject had been discussed pro and con at that Monday session. Medical men and hospital administrators had spoken for and against the so-called higher education of nurses. Nurses had spoken with dignity and poise, wholly on the constructive side. A noteworthy group of nurses it was, including some of the best thinkers in both the American and Canadian nursing groups. Watching and listening, one thrilled with pride in the intellectual and spiritual quality and in the professional achievements of the nurse representatives. Apparently their message shot straight home—else the discussion would have been taken up on that later date. Fearing that desire may seem to color our statement, we quote Dr. A. K. Haywood, Superintendent of the Montreal General Hospital, who presided. Says Dr. Haywood,

> It would appear that the nurses' arguments carried in view of the fact that practically no discussion took place. I cannot help but feel that the nursing profession has benefited very materially.

It is an evidence of professional health that our professional representatives acquitted themselves so admirably. It is well for us to "see oursels as ithers see us." It was wholly fortunate that the opportunity came through such an agency to the College of Surgeons. Nurses could never hope to present their cause to a more distinguished nor a more high minded group.

The Birth

THERE is a legend that the love of God
So quickened under Mary's heart it wrought
Her very maidenhood to holier stuff.
However that may be, the birth befell
Upon a night when all the Syrian Stars
Swayed tremulous before one lordlier orb
That rose in gradual splendor,
Paused,
Flooding the firmament with mystic light,
And dropped upon the breathing hills
A sudden music
Like a distillation from its gleams;
A rain of spirit and a dew of song.

DON MARQUIS.

Value of the Curriculum from the Standpoint of the Nurse Examining Committee[1]

BY CAROLINE V. MCKEE, R.N.

THE Standard Curriculum, a well known outline of study for schools of nursing, having been introduced after conference with a large number of interested members of the nursing profession, has served as a criterion during the last decade. This arrangement of subject matter was based upon what had gone on before, condemning the poor, commending the good, and suggesting better systems of education for nurse students.

The need for a richer curriculum parallels conditions in the commercial world where created demands for certain kinds of workers are always met. It is a well known fact that typewriting, bookkeeping and stenography were added to the high school course in response to the needs of commerce; and colleges of commerce and administration, to universities. Agriculture, home economics and technical courses were adopted in response to the industrial world. Likewise a richer, broader curriculum has increasingly been needed to prepare the nurse for the many fields demanding her services. The greater the variety of institutions, the greater the divergence of opinion as to what the pupil nurse must be taught to make her efficient after graduation. Many school administrators will tell you in good faith that there are no better nurses in the whole country than their own graduates. However, there are those institutions that care for a maximum number of patients with a maximum amount of service and teaching. Then there are others that care for a maximum number of patients with a minimum amount of service and teaching. In one hospital there is an abundance of clinical material, and in the other the variety of diseases is limited to one or two branches. In the latter hospital the nurse is trained as a specialist and unless she has the advantage of a wider course, through affiliation with an institution that will give her the opportunity to study all types of disease conditions, she is not well taught and cannot properly be criticized for not wanting to assume the responsibility of nursing a patient of whose needs she knows nothing.

It is a curious fact that many who wish to conduct schools of nursing cannot immediately meet the demands made for building the practical and theoretical course, even though the tried outline has proven itself valuable by producing a more intelligent nurse. Or granting that effective nursing was the cause for adopting such an outline, yet all schools will not seek with the same intensity of purpose to enrich the outline which made the nursing course popular during recent years. This attitude reminds one of the statement made by a well known paragrapher, "that some folks who used to get off a street car backwards are now trying to get into small parking places frontwards." The better schools will want to adopt the set standard at once, others will finally step up, hoping that

[1]Read at the Annual Meeting of the National League of Nursing Education, Atlantic City, May 21, 1926.

somehow good will be the final goal of seeming ill. However, there are many willing listeners to one who can prove the fallacies of the earlier educational system and, by so doing, can mold the subsequent policies of the school authorities so that they will accept the new mode of instruction. Even though the ideas are not carried out to the letter, enough modification of the earlier methods are made to justify the efforts of the reformer. Imitation leads one institution to follow the example of a similar institution in the same community. There is less divergence in the practices of schools of nursing since the curriculum of 1917 has been available. The growth has been slow and influenced by many elements. The forced plant is usually a weakling and especially is this true when it is contrasted with one that has been allowed to develop naturally. Likewise the most desirable structure, whether it is a temple built with hands or an organization bound together by laws, will not live unless there is a desire in the hearts of those who built the temple, or an individual willingness within the organization to use the structure after it is completed. This is particularly true in adopting the Standard Curriculum for a state-wide program as a minimum for every school. If it is to be the desired goal it must come spontaneously, not by force.

Dependent Forces Acting on the Curriculum

THOSE who created the first curriculum were confident of the results that it would accomplish. Given the outline, the principals of these schools started to put it into force. This movement was launched without a ready supply of teachers. A few came from somewhere and are carrying on while others are being prepared. Following the advent of the teacher into the schools of nursing came the need for workable environment, workrooms suitable for effective instruction in nursing procedures and science teaching. This stimulated effort which savored of a better school, interested the medical lecturers and as a result, their unimportant appointments became important and regular. Thus the student is benefited by a schedule carried out in the classroom under improved conditions and with greater regularity.

Probably the latest force acting in response to the appeal of the Standard Curriculum is the influence it has in attracting more students to the profession. At the same time all these young women are entering the profession, the pessimist begins to warn us about the "overtrained nurse," while the optimist accepts this influx as a remedy for the "shortage in nurses," a cry that has recently swept our land. In the mind of the first, the veil of tradition still clings, but in the mind of the latter, all possibilities are honored in so far as there is hope for the individual who is cast in the new mould. The nurse examining committee belongs to the latter group, inasmuch as they must certainly notice a great difference in the answers given to the questions asked during the examination. A graph based on data showing how seventy schools responded to the curriculum represents a composite picture of what the curriculum did for one state and this must be true of other states. It reports class hours for five consecutive years of sixty-nine schools. The hospitals in which these schools are located are divided into three groups according to bed capacity. Group one represents hospitals of from one hundred to eight hundred beds; group two represents institutions of from sixty to one hundred beds; and group three represents those hospitals having less than sixty-bed capacity. In every instance, whether a large or a small hospital, the school shows a substantial growth. There are several factors that enter into

a graph of this kind, such as reporting repeated class hours in any one year or inaccurate statements that are likely to creep into an annual report, but after everything is taken into consideration the general average portrays a gradual building.

Now that the schools have made a concerted effort to adopt the original curriculum and practically nearly all of the nurses now graduating have shared in its useful information, we are looking to these women to prove the value of its teaching. But the question remains, with respect to the revised curriculum; i. e., can the revised curriculum be adopted without trained instructors? It is one thing to go through a state on the quest of introducing better methods and elaborate schedules, but it is a different thing to find the proper people to do the work. Teachers just cannot be found in sufficient numbers. There was a time when there were those who were willing to make a feeble attempt at teaching but now the order changeth. The willingness to teach must be backed by special preparation and knowledge of the subjects to be taught.

Granting that the original outlined course of study has been of great value to those who administer, to those who teach, to those who execute the registration laws of the state and to the graduate nurse in her work, therefore, we are looking forward to the revised outline of 1926 to further stimulate the schools of nursing to assume the responsibility of introducing sound instruction into their classroom and bedside procedures. Huxley says:

> The subjects of knowledge are divisible into two groups, matters of science and matters of art, and the business of education in the first place, is to provide the young with means and habit of observation and secondly, to supply the subject matter of knowledge either in the shape of science or art or both combined.

Nursing is a combination of art and science. The revised curriculum brings us nearer both. Its advantages will be to stimulate exact learning and abandon erratic tendencies in teaching. The untrained teacher will be lost by the wayside. Dare we hope or pray that it will be the means of stabilizing the staff of the hospitals? With every change in the administrative personnel comes a reaction in the school curriculum which may be "for better or for worse." Would it be preposterous to suggest that the principals adopt a five-year period of service for one institution? At any rate there is need for help along this troubled highway. When the head of a school serves less than five years, she has no chance to prove her worth as an administrator.

The value of the curriculum, from the standpoint of the nurse examining committee, cannot readily be estimated, but an accurate perception of its true worth brings no foreboding. It is impossible to separate the purpose of the school of nursing from the aims of the nurse committee. They are akin in trying to furnish the community, state and nation with a worker who knows safe nursing procedures. The public have very little concern except in so far as individual service is extended to them nor have we any reason to demand otherwise.

Quoting from Isabel M. Stewart,[1]

> In the first place, the Standard Curriculum is not a model, nor is it a minimum curriculum, such as the various states require as a basis for registration. It has been agreed upon as a reasonable working standard for the higher grade of American schools. It is not expected nor intended that the schools should follow it slavishly. It is hoped that they will use it as a guide, pulling themselves up to its best recommendations and adapt it to meet their own needs and conditions.

It is easier to adapt ourselves to the world around us than to change it, to do what we can with the tools we have, than to force circumstances to give us what we choose. However much we may

[1] American Journal of Nursing, March, 1925.

wish to climb, one thing is sure, we must begin where we are. As to statutory requirements, no outline of study is included but subjects for examination are usually named. The minimum time to be spent in theory and practice is written into the majority of nurse laws. This may be either two or three years but the outline of study during the three years that the pupil nurse spends in an accredited school of nursing is left to the nurse examining committee which, in turn, uses the Standard Curriculum intact, or modified to meet the needs of existing conditions, and in so doing hopes to build a wall of safety around the sick community and the name registered nurse.

How to Adapt the Standard Curriculum to Meet the Needs of the Small Hospital School of Nursing[1]

By Helen D. Oehlschlaeger, R.N.

A CURRICULUM is the raw material of knowledge, refined or converted into a form usable for educational purposes." While there will be a great deal in common in the raw material required for the education of nurses in all schools, each individual school will have certain variations. To make a curriculum for any one school it is necessary to consider what is desired to be accomplished, the kind of student material, the facilities at one's disposal, and the conditions and needs of the community in which the school is situated.

Practically all schools at the present time have insufficient funds to finance a system of education which would meet all the needs of the community. The smaller school suffers from these restrictions, possibly more than the larger, but it can do much toward bringing about good results by using the facilities at hand and by thoughtful adaptation. The program of class and laboratory work, practical work in the wards, study and recreation, as outlined in the proposed revision of the Standard Curriculum, may appear to the small school as entirely impossible, but we are assured that it is not the intention to have any school adopt the schedule in its entirety. We must therefore see what the small school can do toward working out a curriculum which will follow its general principles.

Our hospital is a general hospital serving a community of about 50,000 population, including 22 towns. It is far enough removed from the large cities to take on a personal atmosphere, and consequently, demands of this nature are felt and much individual service is expected. Up to the present time it has come under the heading of the small hospital of 100 beds. We have recently increased our capacity to 175 beds, and according to the usual trend of hospitals all over the country, we are rapidly filling these beds and are going through the resultant period of reorganization and transition. This, of course, has temporarily altered our general scheme of education for the student nurse, both the theoretical and the practical, and necessitates planning a new outline of study and experience. In evolving our

[1]Read at the Annual Meeting of the National League of Nursing Education, Atlantic City, May 21, 1926.

curriculum for the larger school we have found the new curriculum an incentive and an inspiration.

A nursing school committee, composed of several members of the Board of Governors, two members of the Board of Education, members of the Medical Board, the Alumnae Association and representative community workers, directs the policies of the school. This committee is greatly in sympathy with any means for improving the instruction given the students.

Our course is three years, with three weeks' vacation each year. Two classes are admitted during the year. At present there are 51 students, of whom the great majority are high school graduates. The students are on eight-hour duty. (At the present writing, we have been obliged to have a twelve-hour night in adapting ourselves to the larger hospital. This we hope to discontinue in a few months. The student nurses who have the heavy class program are relieved for two hours).

The school maintains two full time instructors, engages special lecturers for special subjects, such as massage, psychology and psychiatry. The supervisors in charge of pediatric, obstetrical and operating-room departments give classes in their respective subjects; the Superintendent of Nurses holds some classes, and lectures are given by staff physicians and internes. We have found that the internes are a very valuable addition to our lecture staff, often holding excellent clinics on the wards. We are planning and hoping to have a teaching supervisor with the beginning of the fall term.

Our first term of the first year is four months, or sixteen weeks. The course covers substantially the material outlined in the new curriculum. We give more time to practical nursing than is suggested, a total of one hundred and sixty hours, including hospital housekeeping. The anatomy and physiology course is only seventy-two hours, but twenty hours are given in the first term of the second year. Thirty hours are given to drugs and solutions; and in the second term, fifteen to materia medica, just the reverse of the outline. There is a total of three hundred and eighty-two hours of class, twenty-four hours a week of class and laboratory work, ten hours of study (supervised) and twenty-two hours on the wards, allowing twenty-eight hours a week for recreation. Some study will necessarily be done outside of this schedule. However, our students do not seem to suffer from an overworked program. The course for the term is as follows:

FIRST YEAR

First term—16 weeks

	Hours
Anatomy and Physiology	72
Bacteriology	30
Chemistry	60
Hygiene	15
Drugs and Solutions	30
History of Nursing	15
Nursing Principles and Methods	160
	382
Class and laboratory	24
Supervised study	10
Practice in wards	22
Recreation and study	28

We are more apt to expect too much in the second term of the first year, and we are planning this more nearly along the lines suggested in the new curriculum. We give one hundred and seventy-six hours of class, six to eight hours a week; the students are on ward service fifty hours a week and have twenty-six to twenty-eight hours for recreation and study. In this term we hope, next year, to give at least ten hours to study periods, shortening the periods on the wards, and we believe it will work out satisfactorily. We figure this term as five months, and in that way are able to work in all of the subjects. When

there are more than six hours of class a week, the class hour is taken out of the ward practice time. It is this group, some of whom are invariably found on night duty at the end of the term, who have been rather overtaxed with the twelve-hour night, but they have been given two hours off duty for rest. The schedule is as follows:

FIRST YEAR

Second term—22 weeks

	Hours	Proposed schedule for fall term	
Pathology	20	30	
Dietetics and diet in disease	40	60	
Massage	16	15	
Bandaging	15	15	
Ethics	10	15	
Materia Medica	15	15	Surgical
Medical Nursing	30	120	Nursing
Surgical Nursing	30	0	next term
	176	180	

	Hours
Class and laboratory	6 to 8
Practice in wards	50
Recreation and study	26 to 28

In the second year the schedule is as follows:

SECOND YEAR

30 weeks

	Hours	Proposed schedule for fall term
Communicable Diseases	15	15
Anatomy and Physiology	20	20
Skin and venereal	10	15
Gynecology	20	15
Operating room technic	10	10
Orthopedics	5	5
Sanitation	10	15
Pediatrics	30	30
	120	
Case Study		15
Surgical Nursing		30
		170
Class and laboratory	4	5
Practice in wards	52	52
Recreation and study	28	27

We have made some attempt at case study. We hope to do more along this line when we find it possible to have a teaching supervisor who, we believe, will be the most valued person in the education of the nurse, because she will tie up the class work with the actual situation on the ward.

In all cases, we are endeavoring to follow the system of points or credits for a fifteen-hour course and are trying to put all of our ten- to twelve-hour courses on a fifteen-hour basis, and the twenty-hour courses on a thirty-hour basis, with the corresponding high school or college credits.

The third year schedule is as follows:

THIRD YEAR

30 weeks

	Hours	Proposed schedule for fall term
Obstetrical nursing	20	30
Psychology and psychiatry	20	30
Eye, ear, nose and throat	10	15
Emergency and first aid	5	15
Survey of field and problems	15	15
Public Health nursing including TB. and SS	20	15
Oral hygiene, X-ray and special lectures	5	5
	95	125
Class and laboratory	3	4
Practice in wards	52	52
Recreation and study	29	28

In order to carry on the class work required in our program, the students are aided by "ward helpers." These young women, sixteen to seventeen years of age, who work three hours in the afternoon, except Saturdays and Sundays, relieve the student of much routine work and are present on the floors, always with supervision, during

the usual class hours. They were easy to secure, and it may be interesting to know that more applicants than can be accepted have been the result of one advertisement in the local paper. These helpers are frequently second- and third-year high school students and are potential applicants for the future classes. We have already had two enter, after this contact with the hospital. During summer vacations we use these helpers on an eight-hour schedule.

The high school in the community has come to our aid in allowing free use of the chemistry, biology, and dietetics laboratories. The hospital furnishes supplies for all laboratory work and pays for breakage. Chemistry has been taught by one of the high school teachers, with pay, who arranges the course of instruction to suit the student nurses' needs and uses the texts related to nursing. Dietetics has been taught by our dietitian. We consider our course improved by combining dietetics and diet in disease and having them taught in the second term of the first year. Laboratories are in process of construction and will be in use for the fall term.

It has not been possible, up to this time, to arrange satisfactory affiliations for communicable diseases. However, we lay a good deal of emphasis on the lecture course and send students to a near-by hospital for observation, where explanation of service and of methods of procedure is carefully given. This, we feel, helps in a very small measure to supplement the lack of experience. Neither have we been able to offer experience in mental nursing, but we are aiming toward these important additions to our clinical experience.

The obstetrical service is unusually heavy and the experience in this department is very apt to extend over a much longer period than is desirable. One graduate nurse has been secured for floor duty at night, in order to help eliminate this difficulty by releasing the students from too long an experience on this service.

The students are extremely fortunate in having close at hand a well conducted out-patient and public health nursing department, which is run by the hospital. This is a rapidly growing part of the institution and makes the hospital the true health centre of the community. The students have two months' experience, with supervision in bedside nursing and some clinic work. This gives them the experience in the social and preventive side of nursing which we try to emphasize throughout their course. Also each student in the first term of the first year is sent out with one of the graduates for one or more visits to the homes in the district.

Physical training has not been provided for in any organized course. Recreation is encouraged and tennis courts, open-air swimming pool and skating pond, directly opposite the Nurses' Home, are at the disposal of the students and much enjoyed. The home life is attractive; at present each person has a separate room, with ample bathing facilities for all. Student self-government prevails, which permits control of privileges in the home and on "off-duty" time.

We do not hold ourselves up as a model school. We have much to attain, but over a period of five years much progress has been made and is slowly being made. It is a gradual growth and development, one that requires utmost diligence and patience in the face of obstacles. The new curriculum is a genuine inspiration for further improvement. With an ideal in mind, the attainment of which is never reached, because the ideal is constantly and forever changing, we are gradually building up a foundation on which those who are to follow after us may find a little firmer ground for building.

The Land of Counterpane

"When I was sick and lay a-bed,
I had two pillows at my head,
And all my toys beside me lay
To keep me happy all the day."

R. L. S.

Your Wall at Christmas

THE wall by your desk and by the desks of your friends is lonely for the 1927 "Hospital in Poetry" Calendar just published by the National League of Nursing Education.

Who would not like to have through the year poems on hospital life by Stevenson, Browning, Guiterman, and others, and fourteen illustrations by Bennett-Runyon as beautiful as "The Land of Counterpane" shown here with a frontispiece in color by Anna Milo Upjohn?

You will not only want this Calendar for yourself.

You will want to give it to others.

Send in your order now to the National League of Nursing Education, 370 Seventh Avenue, New York. No more Calendars will be printed after December. The price is $1 per single copy, 75 cents per copy on all orders of 50 or more delivered in one shipment.

A Foundation in Nursing Education at the University of California

By Anna C. Jammé, R.N.

An important development in nursing education was consummated when the California Legislature of 1925 passed a bill which created a Foundation in Nursing Education in the University of California. The impetus for this action was given by the nurses of California in meeting the desire of the State Board of Control for the disposal of a surplus fund accumulated from registration fees received by the Bureau of Registration of Nurses. This fund had accumulated during a period of two years since it had been "frozen" by a decision of the Supreme Court in 1923. The Directors of the California nursing organizations decided that this surplus amount should be used to establish a Chair of Nursing Education in the University of California at Berkeley.

The technicalities involved in the transfer of funds from one State Department to another have finally been overcome and the next step in the establishment of the new Foundation in Nursing Education at the University of California has been accomplished. On October 13, the Regents of the University, on recommendation of the President, appointed Mary May Pickering, R.N., as Assistant Professor of Nursing Education. Miss Pickering will assume her duties on January 1, 1927. In order to take up this new work, Miss Pickering leaves her position at the University of California Training School for Nurses, of which she has been the Director since January, 1922. Miss Pickering was graduated with the degree of Bachelor of Letters from Berea College, Kentucky, and received her nurse's training at the Massachusetts General Hospital School of Nursing, Boston, Mass.

This Chair of Nursing Education will be placed within the Department of Hygiene. While the Department of Hygiene is responsible for the administration of the Chair, other departments will contribute in no small measure to the needs of this young foundation. There will be courses in Teaching and Administration in Schools of Nursing, accompanied by correlated courses in History of Education, Psychology, Principles of Teaching, and Preventive Medicine.

A Committee on Nursing Education has been appointed by the President of the University to act in an advisory capacity. This Committee consists of the Deans of the Medical School, the School of Education, the College of Letters and Science; the Chairman of the Department of Hygiene, the Assistant Professor of Public Health Nursing, the Assistant Professor of Nursing Education; the Presidents of the California nursing organizations, and the Director of the Bureau of Registration of Nurses. The Dean of Women is Chairman. This Committee will outline the general policies and curriculum.

By the establishment of this Foundation at the University of California, a great need in nursing education will be met. In this vast western country, there has been no endowment offered to provide facilities for the preparation of teachers and administrators in schools of nursing. Although large gifts to nursing education are not unknown, they are rare. We may cite the gift of Florence Nightingale to St. Thomas' School of Nursing, London, England; the gift of Mrs. Helen Hartley Jenkins to the Department of Nursing and Health, Teachers College, Columbia University,

New York; the gift of Mrs. Chester C. Bolton to Western Reserve School of Nursing, Cleveland, and the grant of the Rockefeller Foundation to the School of Nursing at Yale University, New Haven. The endowment for this Chair, comparatively small in amount, is unique in that it represents the spirit of nurses in California and has been accumulated wholly from money paid by nurses as fees for registration; it will be devoted to a great purpose, which in its development, we trust, will demonstrate the worthiness of a larger endowment.

Mental Nursing in Massachusetts

THE Massachusetts Department of Mental Diseases has just established a remarkably comprehensive three-months' course which it offers in the Boston Psychopathic and the Worcester State Hospitals to the general hospitals for student affiliations. At present the experiment includes only twelve hospitals.

The objective is not to seek affiliations for the purpose of securing nursing service for the State Hospitals but to give the best possible course in a short time as a basis upon which to develop an understanding of the abnormal mental conditions with which the graduate general nurses come in contact, thereby advancing the program of Mental Hygiene throughout the state.

The first hospitals to take advantage of this opportunity are as follows: Cambridge Hospital, Cambridge; Faulkner Hospital, Jamaica Plain; Newton Hospital, Newton Lower Falls.

Syllabus of Formal Instruction for Affiliated Nurses, Three Months' Course

Lectures in pre-clinical subjects (Anatomy, Physiology, Pathology of the Nervous System and Psychology)	10 hours
Psychiatric Clinics (Staff Conferences)	20 hours
Clinical Psychiatry (including mental hygiene)	20 hours
Clinical Psychometrics	4 hours
Mental Nursing (Lecture and Discussion)	12 hours
Hydrotherapy (lectures)	2 hours
Hydrotherapy (demonstrations and practice)	16 hours
Occupational therapy (lectures)	2 hours
Occupational therapy (demonstration and practice)	20 hours
Out-patient Department and Social Service	15 hours

Ten lectures in preclinical subjects will be given as follows:

1. Embryology of Nervous System.
2-5. The Anatomy and Physiology of the Nervous System.
6. Correlation of Structure and Behavior, Higher and Lower Levels of Behavior.
7. Emotions and Instincts as Driving Forces in Human Behavior, Role of Intelligence, McDougall's Theories.
8. Stream of Consciousness, Complex Dissociation, Rationalization, Projection, Mental Conflict.
9. Personality, Views of James, Trotter, Kretchmer, Jung, etc., Importance in Mental Disease.
10. Psychoanalytic views, Sex Hygiene, Behavior Problems of Children.

Twenty Lectures in Clinical Psychiatry

1. Mental Deficiency.
2. Psychopathic Personality.
3. General Paresis.
4. Other Organic Brain Diseases (Senile, Arteriosclerosis, Meningitis, etc.)
5. Other Organic Brain Diseases, Traumatic, Tumor, Encephalitis, Chorea, etc.)
6. Alcoholic Psychoses.
7. Psychoses Due to Drugs and Other Exogenous Toxins.
8. Psychoses with Somatic Diseases.
9. Epilepsy.
10-11. Psychoneuroses.
12-13. Affective Psychoses (Manic Depressive, Involutional Melancholia, etc.)
14-15. Schizophrenia (Dementia Praecox.)
16. Paranoia and Paranoid Conditions.
17-18. Treatment and Nursing Care.
19-20. Mental Hygiene.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Widespread Disasters

DISASTER has succeeded disaster in one or other parts of the world since early September. Apart from our own Florida catastrophe and the floods prevalent in the Middle West, the Azores, Mexico, the Bahamas, Cuba and now Armenia have all suffered, from hurricane, flood or earthquake. In the past two months alone the American Red Cross has made two contributions of more than $100,000 each and seven ranging from $5,000 to $10,000 to disaster relief funds at home and abroad, excluding entirely sums also appropriated for administration in direct disaster relief work.

American Red Cross nurses figure in the stories of courage and endurance that light up the otherwise somber reports of Armenian suffering since October 22, when a series of earthquake tremors in the region around Leninakan (the old Alexandropol re-named two years ago) opened the land in yawning fissures from which fountains of hot sulphuric water, sand and silt gushed forth. The shocks, lasting intermittently for several hours, killed 350 people, injured 400, rendered 100,000 homeless, destroyed twelve towns and partly wrecked thirteen others.

Leninakan is the seat of the largest American orphanage in the world. Here the Near East Relief, staffed by several American Red Cross nurses, cares for 15,000 children, refugees since the days of the war when the whole Armenian population of Northern Turkey fled during the Russian retreat. In the outskirts of this town aptly described as "a little city of narrow streets and disorderly architecture" the Near East Relief orphanages, comprising three groups of structures numbering some 300 buildings, covers nearly a thousand acres of territory. The searchlight of publicity focuses on a great building housing 9,000 children on the night of the twenty-second. At about seven o'clock a terrific, rumbling noise marked the first shock. Windows crashed in, lights failed, buildings reeled to and fro and the shrieks of the awakened children sounded above the din of breaking glass.

But the American nurses kept their heads. Before the second and worse shock occurred the children were partly clothed, marshalled and led forth by three of them, including Janet McKay, an American Red Cross nurse. They directed their charges to sing Armenian folk songs to keep up morale.

That the worst earthquake Armenia has ever experienced resulted in comparatively little loss of life is due to the foresight of the Americans who had taught the people to prepare for just such an emergency and to go at once into the open. Nearly ninety per cent of the population, then, was clear of the houses when the earth rocked again fifty minutes later, to the accompaniment of "a hollow, rushing sound like thunder."

"The orphans clung pathetically to American nurses," says Dr. Joseph Beach, Director of Operations there for the Near East Relief, "whose superb courage and composure in such dire extremity would touch the hearts of the American people who sent them here."

Due to the substantiality of the thick walls of this building, begun by Czar Alexander and completed by Czar Nicholas for his famous Cossacks, the great orphanage suffered little, but the parks were filled with scantily-clad people and children forced to sleep out-of-doors

when a blizzard occurred. Public tribute has been paid the American nurses who "operated casualties" all night during the continued tremors and who are now working to fight off the specters of disease and illness following exposure. As the government buildings are shattered, the Near East Relief buildings are being utilized for hospitals. Tent hospitals were also erected. Newspaper reports comment on the 79 "earthquake babies" born in one such American tent hospital in the week following the shock. Red Cross nurses seem always to retain their sense of humor. When triplets were born, they were christened "Faith," "Hope" and "Charity." The first child born in the tent was called "Grace Coolidge Dubenikan."

The American Red Cross at once cabled its sympathy to the Russian Red Cross—Armenia has been one of the Soviet Republics since April, 1921—and asked if it could render any assistance. Dr. Z. Solovieff, President of the Russian Red Cross, which has also a huge popular membership, which is subsidized as well by a ten per cent tax on railway and theatre tickets, and which has been very courteous to and coöperative with the American Red Cross in helping to locate missing Americans and beneficiaries under American Veterans Bureau policies, cabled acceptance. A sum of $5,000 was at once sent towards the Relief Fund. The governments of Armenia and the neighboring Soviet republics of Georgia and Azerbaijan rallied quickly to the help of the disaster stricken region. It is announced that $500,000 has already been raised for relief. Red Cross trains with doctors, nurses and supplies as well as battalions of soldiers and firemen were dispatched. Martial law was proclaimed and Dr. Beach reports the government has the situation well in hand. The American personnel is safe.

American Red Cross nurses in Leninakan include Elsie L. Jarvis, Director of the Edith Winchester School of Nursing there, Laura MacFetridge, Assistant Director, Edna Steiger, who has charge of clinics, and Janet McKay, in charge of the orphanage for girls. Grace Blackwell has just returned to this country.

More about Florida

OLIVE Chapman is now in entire charge of nursing in the disaster area where 341 nurses were employed at the peak of service. Mrs. Heilman returned to her field work and Jane Van De Vrede to Atlanta in order to be present at the meeting of the Georgia State Nurses' Association. At the moment of writing, 85 nurses are still on duty, 35 in hospitals, 33 in field service, 11 in dressing stations and the rest engaged elsewhere. Immunization for typhoid has been practically completed, the dressing stations are being closed and the field nurses attached to Red Cross offices. Five thousand home visits were made in the entire area by field nurses covering follow-up work, investigation of reported cases, and the closing of the first survey of all areas.

Storm warnings on October 20 caused a recrudescence of activity. Two hundred nurses were at once mobilized for service; 115 called out; and a unit of 15 held in readiness to proceed to Key West if needed. People left their homes and sought refuge in hotels, schools, churches, lodges. Nurses were detailed to each point to look after refugees who might be ill due to exposure or possible injury during the storm. Temporary roofs suffered under the twenty-four hours steady downpour and people suffered from the rain and from sickness and hysteria due to over-crowding in those places where they congregated to be safe from another hurricane. In some of the large hotels crowds of approximately two thousand gathered.

Dressing stations were established and First Aid material assembled.

Fortunately, the storm changed its course and in the morning the people were able to leave, having been given coffee and other refreshments by Red Cross personnel.

Tribute for Committees

ANY reference at this time to nursing service in the Florida disaster would be most incomplete without special mention of the work of the State and Local Committees in that and nearby states. No one but the nurses concerned in disaster relief appreciate precisely how much work is brought upon a committee by the assignment of even a small group, the tremendous amount of detail involved, the hours of time that must be spent telephoning, for it is not easy to detach nurses from work which they are doing and to make satisfactory adjustments in institutions, and for private patients.

Doctors and most patients realize that as members of the Red Cross Nursing Service, nurses have a moral obligation resting on them. But many questions have to be disposed of in consultation with others before release can be made and no one feel neglected. Patients do not always realize the importance of immediate release—rarely does this happen, it should be said. Committee members may work all night at the telephone and elsewhere making necessary connections. One committee may have the names of several hundred enrolled Red Cross nurses in its territory, every one of whom may be engaged in such a close tie-up that infinite pains are necessary to secure the necessary number for disaster relief work.

Knowing what is involved, we cannot mention too appreciatively or too feelingly the wonderful service rendered by our Committees. The work has to be quick and speedy. Nurses have to be marshalled, equipment procured, train accommodations arranged for, tickets secured, inquiries from anxious relatives answered and a thousand and one other things only imaginable by the harassed people who at one time or another have undertaken such emergency work in the highest service of all—for stricken humanity.

Convention Reminiscences

NURSING and the American Red Cross are inseparable since practically all phases of humanitarian service need the nurse in one way or another. It was the reiterated *motif* implicit in the meetings of the Annual Convention held in Washington, October 4 to 7, during hot days of tropic-like sunshine but made tolerable, at least, by the beautifully constructed rooms of the United States Chamber of Commerce, opening on a shady patio, with French windows ajar on one side and long windows open on the other catching every gentle breath of air that stirred. Among the 409 delegates registered and the many more guests were 50 nurses, including Mlle. Annette Dohring of Paris, in this country for postgraduate work, and Mlle. Helene Muguier of Lyon.

In the broad field of prevention (said President Coolidge, President of the American Red Cross, sounding this note first in his speech to the delegates in Memorial Continental Hall on the fourth), destined to play an increasingly valuable role in the progress of civilization, already an excellent start has been made. Among the services now being supported by the Red Cross are: Home hygiene and care of the sick, public health nursing, nutrition, first aid and life saving. It is not intended that local committees shall be superseded in their privilege and duty to carry on health preservation and social service work. But we undertake to start such activities wherever needed and to arouse public sentiment to the necessity of maintenance by the local authorities.

Mr. James L. Fieser, Vice Chairman of Domestic Operations, carried it on that same evening in his clear, tersely

painted picture of Florida, showing the movement of the "trouble men and trouble women—skilled in disaster work, like Mr. Baker and Mr. Kilpatrick and others, whether the medical reserve under the leadership of Dr. Redden or our nurse reserve, moving under the leadership of Miss Van De Vrede and Miss Chapman and others" into that disaster stricken field.

I think (again the note continued in a speech of vigor, strength and humor by Grace Abbot, Chief of the Children's Bureau, U. S. Department of Labor) of the day by day work that the Red Cross is doing out in the counties all over the United States, taking care of those disasters that are chronic in the United States and will be until we have changed and modified our social life a great deal; taking care of the people for whom life seems one disaster after another, unless someone goes to relieve or guide them and change the situation; taking care, on the frontiers of American life because those frontiers do exist, of the education of all kinds of American communities in the right standards of health, in right standards of work, in right standards of social endeavor and in right standards of all things pertaining to community life, understanding what we intend to do in American communities for American people and particularly for American children.

Who, hearing her, will forget the whimsicality, yet with deep underlying earnestness, of her sketch of Washington as a "traffic jam," with the Army mounted on tractors, gun carriages, dancing horses, the Agricultural Department on its mowing machines and big wagons and little Ford tractors, the Department of Commerce in its high powered limousines and the Children's Bureau, taking firm hold on the handle of the baby carriage, wheeling it right into the mass moving up the hill to the Capitol, asking for necessary appropriations? Nurses will appreciate the significance when she added "I count very much on the coöperation and understanding of the Red Cross in the things that the Children's Bureau is trying to do."

Round tables, this convention, were not confined to single services but were planned to bring out in a common pool of opinion points on a topic from differing angles. "The Red Cross and Public Health," for instance, included discussion of problems in public health nursing, home hygiene and care of the sick, first aid, life saving and nutrition. To summarize the points stressed by the heads of the nursing, public health nursing and home hygiene services in tying up points in the discussion:

Intelligent, indispensable service to a community necessitates *understanding* of what a community needs and of its resources, as well as a wise linking up of program and resources coöperatively with other local organizations. Community welfare alone is foremost in consideration, not promotion of Red Cross work as such. Success in educational work will then inevitably follow with its own publicity that causes the service to be understood as a vital necessity in the community done by the community for the community, not by any outside agency. Coöperative support, financial and otherwise, is thus insured.

When Chapters are in touch with National Headquarters the maintenance of Red Cross nursing standards becomes inevitable.

The Red Cross should be represented on the governing board of any service undertaken coöperatively with other agencies.

This means standards such as are approved by the three national nursing organizations.

Two of the Resolutions passed by the Annual Convention will interest nurse readers. Through the one, delegates representing over 3,000,000 members, endorsed the continuance of public health nursing services by chapters beyond the demonstration state, wherever the public authorities are not yet ready, or as in visiting nursing, not prepared

to assume responsibility. In other words, they do not see any reason for the creation of another voluntary group to take such a service over. The actual resolution reads:

That this Convention recommend to the Central Committee that the present stated policies as regards the transfer of a demonstrated Public Health Nursing Service be limited to tax-supported public agencies.

The other resolution concerns a recommendation to change the date of the Annual Meeting, as fixed by Congress, from December to a time coinciding with the meetings of the Annual Convention in October. If this recommendation be adopted by the Central Committee and Congressional action taken, it will necessarily affect the Annual Meeting of the National Committee on Red Cross Nursing Service which is always held in December at the time of the Red Cross Annual Meeting.

Items

JUDGE John Barton Payne, Chairman of the American Red Cross, left immediately the Convention was over, for Vancouver whence he sailed on October 14 for Tokyo. He attended the Jubilee Anniversary of the Japanese Red Cross opening November 1 and, as Chairman of the Board of Governors, League of Red Cross Societies, opened the second Oriental Red Cross Conference under its auspices on November 13. It continued through November 23. From Japan, Judge Payne will go to Manchuria and China, leaving on December 17 for the Philippines where he will spend Christmas. A visit to the Straits Settlement and the Dutch East Indies follows, then a month in India, and a tour through Mesopotamia, Palestine and Egypt, Greece and Italy. Judge Payne plans to arrive in Paris at the end of April for the regular meeting of the League's Board of Governors.

Alice Fitzgerald, now Director of Nursing under the Siamese Government, reorganizing the school Siraj Hospital of Chulalongkorn University, Bangkok, accepted the invitation of the League of Red Cross Societies to represent nursing at the second Oriental Red Cross Conference.

Influenza

THE presence of mild influenza serves as a reminder that our knowledge of this disease is as yet not complete. The germ causing the disease is not known. We do know, however, how influenza is spread.

Influenza is spread mainly by human contact in the early stages of the malady or possibly before symptoms become pronounced. The rapidity of spread and other features are most easily explained by supposing that the germs of the disease leave the body with discharges from the nose and throat. Thus the mouth spray and finger-to-mouth infection are important means of transmission.

In the present state of our knowledge of influenza, there is but one measure that appears to offer much hope of having preventive value. That measure is limiting the opportunities for exposure to the disease.

It is apparent, therefore, that responsibility for prevention rests primarily upon the public. Especially is this true when, as at present, the disease is too mild to warrant drastic measures by the health authorities. Persons ill with influenza should accept responsibility of protecting others against the infection. It is advised, therefore, that any person who finds himself coming down with the disease, take steps with the first showing of symptoms, to prevent spreading the infection to others. This would mean to get away from everybody else and have your influenza all to yourself.

With influenza present in the community, the first sign or symptom indicating the development of a "cold" should be a signal to protect your associates by going home, isolating yourself in a room to protect other members of the family, and remaining in isolation for at least three days. While the period during which the patient may infect others is not definitely known, the disease appears to be especially contagious during the early stages, and it seems probable that the danger of the disease spreading does not last long.

It happens that stopping work at once is for the best interest of the patient himself. Continuing at work after symptoms develop increases the hazard of pneumonia which is the most serious complication of influenza. So, for your own sake and the sake of others get away from everybody and rest at the first sign of a "cold" that may be influenza.

—Bulletin, *Connecticut State Department of Health.*

Our Contributors

Mary Laird, R.N., and **Mary Thornton Davis, A.B., R.N.,** past director and director of the Public Health Nursing Association of Rochester, have demonstrated in their appealing little story only one of the many ingenious ways in which they have tapped reservoirs of interest in Rochester's health.

Every nurse in the country is or soon will be interested in the Grading Program. The statement is equally true of Hospital Boards and Medical Staffs. **May Ayres Burgess, Ph.D.,** Director of Study for the Grading Committee based her illuminating article on the data collected by the A.N.A. for the List of Accredited Schools just published. It is an article which should be widely distributed and reprints will be available.

Dr. A. B. Schwartz, who is on the staff of the Milwaukee Children's Hospital, responded cordially, and we believe our readers will say very practically, to our request for the article on Lactic Acid Milk.

Louise Schwarting, R.N., has found the method she describes useful in her work as an office nurse in St. Joseph, Mo.

A group of private duty nurses in Dayton, Ohio, liked **Carrie B. Wead's (R.N.)** Lighting of the Seven Candles so we pass it on for the enjoyment of our great audience of private duty nurses and others.

Bella Gordon Alexander, R.R.C., is the very delightful Honorable General Secretary of the South African Trained Nurses' Association and Matron of a large general hospital in Johannesburg. The article might well be read with an atlas close at hand!

A drive between the two lines of the "Mile of Christmas Trees" in the balmy December air of Southern California is a memory to be cherished. **Mrs. Charles D. Lockwood, R.N.,** secured the picture for the *Journal*.

With this number, the valuable series on Social Hygiene by **Dr. John H. Stokes** closes. Requests for reprints are already coming in.

The basic ideas in **Bertha M. Wood's** Psychology of Trays are not at all dependent upon Christmas trappings for their execution. The ingenious nurse will see to it that her trays are attractive at all seasons.

Caroline Henneberger, R.N., is Assistant Superintendent of Nurses at the Joseph Price Memorial Hospital, Philadelphia.

One Hundred Thousand and Up was prepared at the office of the American Nurses' Association.

Several years of most constructive experience in adapting curricula to the needs of particular schools make it possible for **Caroline V. McKee, R.N.,** to speak with authority on the Standard Curriculum. Miss McKee was a very successful instructor before she accepted her present position of Chief Examiner for the State Board of Nurse Examiners of Ohio.

Helen D. Oehlschlaeger, R.N., had special preparation for teaching and administration in schools of nursing at Teachers College. As she is now Superintendent of Nurses of the Englewood Hospital, Englewood, N. J., her opinions carry weight.

The editorial by **Charles D. Lockwood, M.D., F.A.C.S.,** is the substance of his delightfully spontaneous discussion of nursing at the recent meeting of the College of Surgeons in Montreal. Journal readers need no reminder of the consistent and constructive quality of Dr. Lockwood's friendship for the sister profession.

Malcolm T. MacEachern, M.D., is Director of Hospital Activities for the American College of Surgeons and a particularly valuable member of the Committee on Grading Schools of Nursing because of his experience in standardizing hospitals. As a hospital superintendent, Dr. Malcolm T. MacEachern was an ardent supporter of sound educational standards for nurses. The inclusion of Miss Geister's paper in the call for the meeting, which he discusses in this issue, indicates an unusual degree of fair-mindedness.

Children's Clinic at Norfolk, Va.

MORE than 800 babies under 18 months are under supervision of the Children's Clinic at Norfolk, which in twelve years has developed from an outgrowth of the Visiting Nurse Service of the King's Daughters into an organization housed through the generosity of the local Kiwanis Club in a modern three-story building and maintaining a staff of 20 visiting physicians, 4 nurses, a social service worker, a dentist, and other special workers who give occasional service. Clinic sessions are held three times a week.

Christmas in an Infectious Disease Hospital

By Margaret Mary Daley

Rhode Island Hospital, Providence, R. I., affiliating at the Providence City Hospital

CHRISTMAS! Of all the days in the year, what day is dearer, holds more thrills, provides more dreams for a child, than Christmas?

Imagine, if you can, the tragedy it must be to a child when, on account of an infectious disease, he is borne away in an ambulance just at that blessed season.

Come with me, for a few moments, through an infectious disease hospital and see how Christmas is observed.

For weeks ahead plans were made throughout the institution from the superintendent's office to the cooks in the kitchens. Children were enthused about it. Some had never known and probably never will know other than hospital Christmas; some had never known Christmas at all. What a treat it was to the latter!

The day before Christmas the wards were put in readiness for the decorations. A large fir tree in each ward was decorated with shining tinsel, sparkling ornaments and illuminated with soft red, green and golden twinkling lights. Childrens' cribs were made gay with red and green crepe paper. Tinsel and mistletoe did their bit to give the wards a cheerful atmosphere.

In the side rooms, where there were but one or two children, miniature trees, artistically decorated, were placed on the little white tables. The long corridors, too, suggested the Christmas spirit.

As the daylight came through the windows of the ward, towsled little heads sprang up from the pillows and drowsy eyes were opened upon this glad morn.

All tried to talk at once, as they eagerly awaited Santa Claus himself. In the distance bells were heard. A breathless hush fell over the ward for a few moments, then a jolly, rotund Santa marched down the ward, amidst a clamor of shrieks and squeaks. Some were greatly afraid of him, but nurses

went to the little tots' units and stood by their cribs quieting their fear.

In the tuberculosis ward, a pale, peaked blue-eyed youngster raised her frail little form and clapped her hands with joy as Santa appeared with his bag of gifts. Oh! how that child's eyes did sparkle when she discovered that her gift was a "mamma doll."

Little John, convalescing from measles, screamed with fright at the sight of Santa, but his cries soon died away when his weak little eyes saw a "moo cow" which Santa held out for him.

On the convalescent scarlet fever ward, Santa was cheered in quite a different manner. This was the place of the "Reg'lar Fellers." They certainly did welcome the many gifts Santa brought them.

Poor Tommy's heart was almost broken when he dropped his highly prized baseball glove and it had to be placed on the porch for six hours.

Billy thought sure his engine would be ruined when the nurse washed it with a solution of phenol because he had wound it up and let it run on the floor.

What a busy time it was for the nurses to keep the children within the bounds of their units on that great day.

It was a weary Santa who finished his rounds, making many a sad heart happy with the numerous gifts sent by the different organizations, churches and schools. If all those who had made Christmas possible for these little folks could have looked in and seen what happiness they had brought into these little empty lives, they surely would have felt well repaid.

Rest hour had no place in that day's activities. Children played with their toys all day. Engines went on endless journeys; Sambo, the dancing clown, nearly danced his feet off; dolls cried "mamma" continuously; tops spun on merrily, while visitors were unnoticed.

It was with a sigh of contentment that the tired little tots huddled their toys and soon answered the call of the "sandman."

In the early evening, Christmas carols were sung in the various wards. Most assuredly the slumber of these little ones had been made more peaceful by the joyful message:

Peace on earth, good will toward men.

Diphtheria—a Curable and Preventable Disease

BETWEEN 1878 and 1895 (when antitoxin was introduced) the death-rate from diphtheria in New York (the old City of New York, corresponding to Manhattan and the Bronx) fluctuated between 101 and 264 per 100,000 of population. Since 1896, when the rate was 91 per 100,000, there has been a steady decline, reaching 10 per 100,000 in 1925.

In 1910-1914 only thirteen cities out of seventy for which continuous records are available in this country, had a diphtheria death-rate as low as 10 per 100,000. In 1925 there were forty-nine cities with so low a rate.

In more recent years, since 1920, when several communities undertook the extensive use of toxin-antitoxin for immunizing young children, the improvement has been even more striking. In 23 American cities the average decline in the diphtheria death-rate from 1918 to 1925 was 10.3 per cent per year.

In the state of Connecticut there was general improvement, the diphtheria death-rate declining from 12.4 in 1921 to 8.4 in 1925. In New Haven, where toxin-antitoxin was used, the decline was from 15.6 to 5.0. If sick children brought from outside the city are excluded, the showing is even better.

A comparison of diphtheria death-rates in a number of American cities over the period shows certain wide fluctuations, but also a consistent improvement that is especially marked since the introduction of toxin-antitoxin immunization.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

How We Celebrate Christmas

I. In Philadelphia

THE celebration of Christmas begins early in the week when laurel is hung in wards and corridors and every department receives its own tree, placed ready for the ornaments, which are added on Christmas Eve by the nurses. On the front lawn stands the Community tree festooned with lights—and on top an electric star symbolizes "the Star which shone in the East." On Christmas Eve, the superintendent and family with resident physicians and nurses are the guests of the Directress of Nurses who, assisted by a Santa Claus, distributes parcels which are piled high beneath the huge tree. The Seniors present to each one some "take off" of that individual's especial fad. Afterward, the guests are invited to the classroom for dancing and carols. Before the midnight chimes ring out, one hears groups of singers outside, singing carols, a custom long followed in the locality. Then, early in the morning, the entire training school, led by the nurses' choir in processional singing, group around the community tree, singing "Joy to the world," and "Holy Night," then marching and singing into the hospital wards and corridors. After every ward has been visited, they pass into the chapel where a special Christmas service is conducted by the Chaplain for the nurses and those patients able to attend. After breakfast, served in the candle-lighted dining rooms, the work of the day comes, when the ward duties begin by bringing the Christmas spirit to the patients. A turkey dinner is partaken of by every individual; nor are the employees forgotten; they have their Christmas tree, and all over a year on the pay roll receive an additional gift.

D. M. F.

II. In Tientsin, China

(From a personal letter)

Christmas is over, and such a Christmas! Li Ching Ling and Fong Yu Hsiang have been contending for possession of Tientsin for over three weeks. At three o'clock on the afternoon of the 24th, the heavy firing ceased and we were told that Feng Yu Hsing's men had reached the city. Then the confusion grew worse instead of better, for Li's soldiers were firing in their efforts to secure civilian clothes. It was a glorious relief on Christmas morning to wake up and have no guns booming. The nurses went down the corridors very early, singing carols, and about seven-thirty the boys and teachers from the boys' school came over singing "Onward Christian Soldiers," and carols. We had a birthday party before breakfast—a nice baby boy. By nine o'clock Feng's soldiers began marching past. They were well dressed in warm fur coats and many of them were mounted on good-looking ponies. Just about the time we were to have our hospital Christmas tree, 130 camels went by! One always thinks of camels in connection with Christmas, but one hardly expects to see them loaded with ammunition and machine guns. The soldiers were quiet and orderly, and the people who had been in hiding came out to see them march past. Everything seems quiet now, and the Chinese who rushed to the concessions for protection are hustling back to their homes. Will you not pray with us that the New Year may bring to China real peace and prosperity, and a knowledge of God and His love?

E. A. G.

III. In Owosso, Michigan

The December meeting of the Supervisors was given over to plans for Christmas. It was decided to make it a children's party; each was assigned a name with the understanding that she was to dress the part. The supervisors appeared at the home of the secretary, as a class of little boys and girls, with a severe old maid schoolmarm. They were seated in small red chairs which looked in considerable danger but proved equal to their task, though occasionally some "child" failed to hit the right place in attempting to sit down. Christmas songs were sung in chorus and made up in enthusiasm all they lacked in technic. Each "child" had a Christmas "piece" which she or he dutifully recited, though with much embarrassment and some promptings. As the last song was finished, the jingling of bells was heard and Old Santa burst in with jovial greetings which were received with delight, except by one small boy, a member of the family, who gravely walked up and shook hands with Santa, though his big eyes betrayed that he was a little frightened, as well as pleased. Santa distributed the presents from his pack and those around

the tree. As he called the names, the "children" struggled up, from their little red chairs to receive the gifts. Each had one "real" gift and one plaything which was hers for the evening, and the next morning they were taken to the hospital and given to the children in the ward.

One of Them.

Caring for More than One Patient

A PRIVATE duty nurse, on duty with a practical nurse in a home where four members of a family of moderate means had typhoid, wrote to the registrar for advice on the subject of having a second nurse and the proper charges for such arduous work. The registrar replied by sending a copy of the registry rules which are explicit, and although they permit a maximum of $14.50 a day for 4 patients, on 24-hour duty, suggested that few families could pay more than $10 per day. She advised the nurses to discuss the whole problem of administering the household and of giving nursing care with some relative, suggesting that, if the family really could not afford two nurses, an effort be made to find some married nurse who would relieve the graduate for at least six hours daily. She reminded the nurse that a sick nurse would only add to the already complicated situation. This is what the nurse did, the father and mother were both sick, so she went to a brother and sister of the father and talked the matter over with them. They held a family conference and decided they must have two nurses and keep the practical nurse. They arranged to have the well members of the family stay with relatives, thus doing away with the extra housework. They were very willing to pay the nurse $10 a day for the time she was on duty alone and gladly paid her the $7 a day she asked for twelve-hour duty and would have paid more, but she knew this would work a great hardship on the family and would not charge more. When the time came to let one nurse go, the family wanted to keep the first nurse but she was engaged for a maternity case so she asked them to keep the other nurse. Every member of the family expressed their appreciation and she feels she has made some good friends.

X. Y. Z.

Help Needed

IN a certain branch of hospitals one often hears the statement that a practical nurse is all that will come to take private duty cases. The nurse does twenty-four hour duty in all but extreme cases. If she takes any hours off, she must walk the street till she comes back to her patient. In the same hospital a room is fitted up for the doctors to meet and smoke. If a doctor need wait a while at night, a sleeping place is provided. No place for the nurses' clothes but the patient's room, and no place to change them. The nurse eats off a tray in the general utility room or else in the patient's room. A very sick patient may need a bedpan or emesis basin during this period. In this same hospital practical nurses wear full uniform, with cap, and make the same charges per day as a graduate nurse.

Illinois G. E.

Home for Aged Nurses

I THINK instead of agitating for homes for our aged and retired nurses, we ought to make our national Nurses' Relief Fund strong enough to care for the sick and retired nurses. If we could combine these responsibilities, we might be able to build homes, one at a time, in the east, west, north and south, and one in the middle-west, whereby they could be cared for. This would combine our forces, strengthen our budget, and I think would be a wonderful incentive to nurses to help build up the Relief Fund to what it could be and should be. Think to what usefulness we might aspire. Let us have some suggestions along this line.

Pennsylvania M. J. MacE.

Conference of the International Council of Nurses

AN "Interim Conference"—between the Congress in Helsingfors, Finland, 1925, and the Congress in Peking, China, 1929—will take place in Geneva, Switzerland, July 27 to 30, 1927.

Geneva, headquarters of the International Council of Nurses, presents a great number of attractions. The program, while taking advantage of what Geneva can offer in the way of speakers and institutions connected with different kinds of international work, will have as its main topic Principles and Methods of Practical Nursing. This subject will be approached from different angles and points of view, and one afternoon will be given to demonstrations of various nursing procedures, probably including a parade of nurses in uniforms of the various countries, as suitable uniforms and equipment must be considered as one of the essentials for efficient work.

The International Red Cross Committee will hold its Biennial Conference at the same time. Details as to the Program will be published later.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem VII.

NOT many problems in placing responsibility for nursing care can be solved as readily as in the following story of negligence:

A senior nurse had under her care several private room patients. One who had been very ill was later transferred to the general ward. Her hair had been sadly neglected and was dreadfully matted. The ward nurse complained to the supervisor. When the supervisor looked into the situation she realized that it was quite unjust to expect the ward nurse to give the time and effort necessary to care for this woman's hair for it was evident that it would require extra daily brushing and combing to undo the tangles. The supervisor instructed the senior nurse to go to the ward each morning and care for the hair of this patient whom she had neglected. The nurse objected and took the matter up with the superintendent of nurses. The superintendent, after getting the details of the situation realized that the supervisor was also very much to blame but upheld her in her disciplinary measure, but later privately told her that she also had neglected her duty for she should have made it her business to see to it that not only that particular patient's hair, but the hair of all patients was not being neglected.

Problem VIII.

THIS problem is of even greater significance, since it represents not only lack of judgment, but a fundamental dishonesty.

In a contagious hospital was a patient suffering from erysipelas, who also had delirium tremens. During the night the patient was very restless and the interne came on the ward and wrote an order for a dose of medicine to be given. Before the student nurse had given the medicine, the night supervisor came on the ward and when she saw the order she told the student that that was not what the patient needed and to give something else and to record on the chart the medicine the interne had ordered.

Condemnation could hardly be too severe of a supervisor who would teach a student dishonesty, and false charting is exactly that. If the supervisor felt that there were factors in the patient's condition which she understood, because of her opportunity for closer observation than that of the interne, she could have told the student to delay the dose until she had reported as tactfully as possible her findings to the interne.

Books on China

SO much interest in the meeting of the I. C. N. in China in 1929 is manifested, especially in the western part of the country, that we append a list of books, recommended by Luther Carrington Goodrich of Columbia University, formerly Assistant Director of the China Medical Board:

Ping Wen Kuo—History of Education in China.

Harold Balme—Medical Missions in China.

GENERAL

E. T. Williams—China, Yesterday and Today. Crowell Publishing Company. Price, $4.

Abbé Huc—Travels through Tartary, Thibet and China.

Bertrand Russell—The Problem of China. The Century Company. $2.

HISTORY

K. Latourette—The Development of China. Houghton Mifflin Co. $2.

Backhouse and Bland—Annals and Memoirs of the Court of Peking. Houghton Mifflin Co. $5.

China under the Empress Dowager. Houghton Mifflin Co. $3.

A. H. Smith—Chinese Characteristics.

ART

John C. Ferguson—Outlines of Chinese Art. University of Chicago Press. $3.

RELIGION

R. F. Johnston—Buddhism in China.

LITERATURE, DRAMA, POETRY

H. A. Giles—Gems from Chinese Literature.

Zucker—The Chinese Theatre. Little, Brown & Co. $7.50.

Amy Lowell and Mrs. Ayscough—Fir Flower Tablets. Houghton and Mifflin Co. $3.

Translation of Chinese Poems by Arthur Waley, Witter Bynner, Giles, etc.

CHINESE THOUGHT

So Huh—Article on Chinese Renaissance in China Year Book, 1924. Brentano's. $15.

DESCRIPTION OF PEKING

Juliet Bredon—Peking.

FICTION

J. O. P. Bland—Something Lighter.

Stewart, J. L.—The Laughing Buddha. Fleming Revell Co. $2.

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

22. We discharge our postoperative gastric cases on a five-meal diet; no acids, no condiments, no fried food, all vegetables strained. How long must the patient continue on such a diet? Must he ever after be cautious in the matter of diet?

Answer.—The postoperative case may be discharged on six feedings a day, such as that of the second week of the Modified Sippy Diet[1]. The next week the patient should be able to have four feedings a day and it would be advisable to continue a diet along these lines for a year.

As a gastric ulcer is usually the result of a wrong diet, there is no reason for a recurrence if the diet of the patient is right. Three meals a day, eaten at regular times, with no highly seasoned foods, condiments, or fried foods, and if possible eliminating tea and coffee, should prevent further trouble. B. M. W.

23. Can a training school adopt a standard uniform or must it be subject to change, if desired, by the hospital superintendent or the directress of nurses? If a uniform is standardized, could it not be done by the board of directors of the hospital or could the alumnae association have the authority to prevent frequent changes of the training-school uniform due to frequent changes of superintendents and directresses of nurses?

Answer.—The consensus of opinion of superintendents of nurses consulted is that it is exceedingly unwise for a nurse superintendent to attempt to change a uniform, in which there is usually bound up much of sentiment and tradition, without ascertaining the opinion of all the interested groups. The following reply is specific and in substantial agreement with all:

"During the past year we changed the type of apron worn by our student nurses. I went about making the change in the following manner—First, I talked with a number of the older members of the Alumnae Association, and then attended a student body meeting and discussed the question of change with them. Both groups being agreeable to the change, I approached the Superintendent, giving him reasons, as well as stating the estimated cost for the hospital. Upon securing his approval, I approached the Training-School Committee, and upon securing the approval of this Committee the change was made. It seems to me, this is the only way a change in uniform could be effected, whether the Directress is a graduate of the School or not."

[1]Diet for Gastric Disturbance, page 688, *The American Journal of Nursing*, September, 1926.

Too Late for Classification

The New "Accredited Schools"

A NEW edition of "A List of Schools of Nursing Accredited by the State Boards of Nurse Examiners" is ready and may be obtained from the American Nurses' Association, 370 Seventh Avenue, New York. The price is $1.50.

The 1927 National League Convention

THE 1927 Convention of the National League of Nursing Education will be held in Oakland, California. The dates of the Convention are not yet fixed; as soon as decided upon, the time will be announced.

Membership Card

A NUMBER of inquiries are being received concerning the membership card formerly issued on payment of current dues, by the National League of Nursing Education. This card has been discontinued and in its place has been substituted a blue receipt form which is sent to individual members, acknowledging money received and the annual dues covered.

MARIAN ROTTMAN,
Treas., National League of Nursing Education.

New York Headquarters

New York: THE NEW YORK STATE NURSES' ASSOCIATION has opened a Headquarters Office at 370 Seventh Avenue, New York. Mae Woughter will assume the duties of Executive Secretary.

A Message from Miami

AT the November meeting of District No. 5 of the Florida State Nurses' Association, it was voted unanimously that a letter be sent for publication in the American Journal of Nursing to thank the nurses of the country who gave such excellent service and hearty coöperation to this community in the disaster which visited Miami last April.

RUTH O. BAUGHMAN, *President.*
MARY G. FRASER, *Secretary.*

NEWS

[*Note.*—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association

Agnes G. Deans who, at the request of the board of directors of the American Nurses' Association, extended the date of her resignation as director at Headquarters until October 30, left New York last month for several weeks' vacation before taking up new work. The contribution made by Miss Deans to the American Nurses' Association is one that officers of the organization and nurses in many states will always remember. She is responsible to a large degree for the present firm foundation on which headquarters rests. It bears the marks of her doughty service and indefatigable zeal.

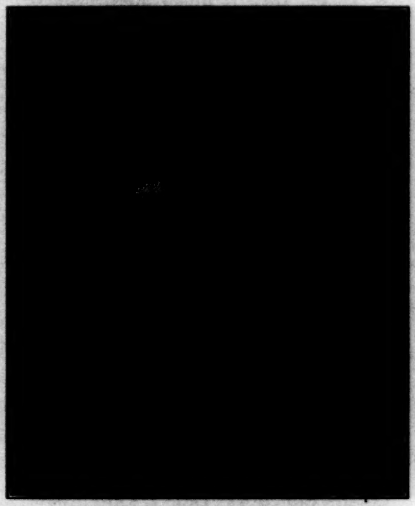
The American Nurses' Association has been carried to the student nurses of Maine, Vermont and New Hampshire in the field trip just completed by Edith J. L. Clapp, field secretary of the organization. Reporting that both students and faculty have been enthusiastically receptive to organization values and principles, she has been particularly impressed by the excellent effort being made by the directors of the schools in meeting state requirements for nurses, and by the work of the states in assisting schools to secure the affiliations they need.

In Maine, Miss Clapp visited the accredited schools at Augusta, Gardiner, Waterville, Greenville, Houlton, Presque Isle, Bangor, Calais, Belfast, Rockland, Bath, Lewiston, Portland and Bridgeford. The Vermont meetings included Brattleboro, Bellows Falls, Rutland, St. Albans, Winooski, Burlington, Randolph, Barre City, Montpelier and St. Johnsbury, while in her New Hampshire itinerary were Whitefield, Woodsville, Claremont, Keene, Hanover, Laconia, Concord, Nashua, Manchester and Portsmouth.

Nurses' Relief Fund

REPORT FOR OCTOBER, 1926

Balance on hand, Sept. 30, 1926	$20,699.08
Interest on bonds	362.13
Interest on bank balance	5.66
Arkansas: Dist. 6-B, Hot Springs National Park	50.00
California: Dist. 1, $12; Dist. 12, $74; Dist. 24, $27	113.00



JANET M. GEISTER, R.N.

District of Columbia: Columbia and Children's Alum., $23; Garfield Memorial Hosp. Alum., $96	119.00
Florida: Dist. 2	50.00
Georgia: District 3, Georgia State Sanitarium, Milledgeville	10.00
Indiana: Dist. 3, $9; 7 individual members, $8	17.00
Iowa: Dist. 1, $129; Dist. 3, $73; Dist. 4, $43; Dist. 5, $38; Dist. 6, $40; Dist. 7, $179.29; Dist. 8, $36; Dist. 9, $9; Dist. 10, $21	568.29
Kansas: Dist. 1, $12; Dist. 2, $27; Dist. 4, $16; Dist. 5, $35.50; Dist. 6, $38; Dist. 7, $26	154.50
Maryland: University of Maryland Alum. Assn	82.00
Michigan: Marquette Dist	1.00
Minnesota: Dist. 2, $17; Dist. 3, $153.50; Dist. 4, $52.50	223.00
Missouri: Dist. 1, St. Joseph Hosp. Alum. Assn., St. Joseph, $10; Dist. 2, Research Hosp. Alum. Assn., Kansas City, $19; Dist. 3, St. Luke's Hosp. Alum. Assn., St. Louis, $22	51.00

Montana: Bozeman Deaconess Hosp. Alum. Assn., Bozeman	10.00
Nebraska: Dist. 2, Wise Memorial Hosp. Alum. Assn	50.00
New Jersey: Dist. 1, $193; Dist. 2, $53	246.00
New York: Dist. 7, Broad Street Hosp. Alum. Assn., $26; Dist. 10, Ellis Hosp. Alum. Assn., $25; Student body, Amsterdam City Hosp., $15; Dist. 11, $25; Dist. 13, French Hosp. Alum. Assn., $25; Presbyterian Hosp. Alum. Assn., $100; four individuals, $22.28; commission on Journal subscriptions, $4.50	242.78
Vermont: Mary Fletcher Alum. Assn., $15; Rutland Hosp. Alum. Assn., $10; St. Albans Hosp. Alum. Assn., $10; Heaton Hosp. Alum. Assn., $10; Fanny Allen Hosp. Alum. Assn., $5; Brightlook Hosp. Alum. Assn., $2; Proctor Hosp. Alum. Assn., $2; Barre City Hosp. Alum. Assn., $2; Vermont State Nurses' Association, $25	81.00
Wisconsin: Dist. 1, $40; Dist. 2, $3; Dist. 3, $82; Dists. 4 and 5, $87.50; Dist. 6, $1; Dist. 7, $70; Dist. 8, $41; Dist. 9, $28; Dist. 10 ($55 of this in memory of John Van Reed Lyman), $135; Dist. 12, $35; individual members, $6	528.50
Total receipts	$23,663.94

Disbursements

Paid to 126 beneficiaries	$1,830.00	
Salary	166.65	
Office supplies	3.41	
Total disbursements		2,000.06
Balance on hand, Oct. 30, 1926		$ 21,663.88
Farmers' Loan and Trust Co.	$ 4,918.62	
National City Bank	15,745.26	
Bowery Savings Bank	1,000.00	
	$21,663.88	
Invested funds		101,554.64

Isabel Hampton Robb Memorial Fund

REPORT TO NOVEMBER 10, 1926

Previously acknowledged	$30,864.44

Contributions

Michigan:	Flint District Assn.	10.00
Nebraska:	State Nurses' Assn.	5.00
		$30,879.44

McIsaac Loan Fund

REPORT TO NOVEMBER 10, 1926

Oct. 1, Balance	$517.90

Contributions

Nebraska:	Dist. 1	5.00
Michigan:	Flint District Assn.	10.00
		$532.90

Disbursements

Two loans, $200 each	400.00
Nov. 10, Balance	$132.90

MARY M. RIDDLE,
Treasurer.

Contributions are desired. Checks may be sent to the treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main St., Rochester, N. Y.

Army Nurse Corps

During the month of October, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Arkansas, 2nd Lieuts. Louise Mathisen, Florence M. Evert; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieut. Catherine G. Hoff; to The General Dispensary, Washington, D. C., 2nd Lieut. Beatrice A. Quin; to station hospital, Fort Leavenworth, Kansas, 2nd Lieut. Alice McCauley; to Letterman General Hospital, San Francisco, California, 2nd Lieuts. Bessie Potts, Alma T. Skoog, Margaret F. Riley, Mary A. Kalouner; to station hospital, Fort Sam Houston, Texas, 2nd Lieuts. Margaret J. Stevenson, Mary C. Scherer; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Kathryn S. Walter, Grace E. Keener, Sara A. Clark; to the Philippine Department, 2nd Lieut. Christina C. MacLauchlan.

Nine have been admitted to the Corps as 2nd Lieuts.

The following named, previously reported separated from the Corps, have been

re-assigned: To Letterman General Hospital, 2nd Lieut. Bernice I. Harrison; 2nd Lieut. Lucille Anderson, to station hospital, Fort Sam Houston; to Fitzsimons General Hospital, 2nd Lieut. Lillian F. Baker.

The following named are under orders for separation from the service: Marie A. Ingram, Margaret I. Fraser, Lenore M. Kissane, Lena Lee Ballard, Dorothy L. Catlin, Elizabeth Featherston, Theola M. Alexander, Edna Martin, Evelyn Pahl, Estella Pahl, Ersa Carroll, Margaret Cage, Gertrude Pryor, Ernestine Snowden, Frances G. Sanders.

SAYRES L. MILLIKEN,
Captain, Acting Superintendent, A. N. C.

Navy Nurse Corps

REPORT FOR OCTOBER

Appointments: Seven.

Transfers: To Annapolis, Md., Margaret Hyde; to Dispensary, Naval Academy, Esther Le.C. James, Chief Nurse; to Mare Island, Calif., Harriet C. Chandler, Honora Drew; to Newport, R. I., Margaret E. Jones, Chief Nurse, Katherine E. Finerty, Helen M. Bunty; to New York, N. Y., Gertrude Sachs, Estelle Harding; to San Diego, Calif., Gertrude M. Burke; to St. Thomas, V. I., Grace L. Goodwin; to Tutuila, Samoa, Frances L. Winkler, Chief Nurse, Anna A. Reimers.

Honorable Discharge: Grace Sanner, Margaret E. Fitzpatrick, Laurena T. Schies, Jennie A. Jaeger.

Resignations: Pauline R. Maghrand, Bonita E. Pennicke.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

The following transfers, reinstatements and new assignments have been made in the U. S. Public Health Service during the month of October, 1926:

Transfers: To San Francisco, Cal., Sophie Jackson, Mrs. Jessie B. McKee; to Evansville, Ind., Winifred Warren; to Baltimore, Md., Daisy Herbert; to Detroit, Mich., Pearl Dyson; to Boston, Mass., Cora Miller; to Rolla, Mo., Rose Harvey; to U. S. Post Office Department, Hilda Denlinger.

Reinstatements: Lois Blaser, Mrs. Jane S. Brown, Betty L. Smith, Margaret Gray, Gaynelle Finks.

New Assignments: Eleven.

Clare Gaffney, Assistant Superintendent of Nurses, attended the State Nurses' Association meeting in Mobile, Alabama, and was also present at the meeting in Louisiana with the Chief Nurses from the stations at Mobile, Ala., and New Orleans, La.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING FOR OCTOBER

Assignments: Sixty-two.

Transfers: To St. Paul, Minn., Augusta Peterson; to North Chicago, Ill., Frances Crosby, Emma Stewart; to Central Office, Anna B. Griffin; to Alexandria, La., Elizabeth Reis; to Aspinwall, Pa., Nancy Parks; to Outwood, Ky., Margaret Qualley; to Legion, Texas, Dorothy Nation.

MARY A. HICKEY,
Superintendent of Nurses.

The American Public Health Association

The fifty-fifth annual meeting of the American Public Health Association was held in Buffalo, N. Y., October 11-15, and was one of the largest meetings of this Association. It was interesting and inspiring to find sanitary engineers, health officers, statisticians, nurses, nutritionists, publicity and health education experts, coming together to discuss public health needs.

The trend toward public control of public health activity was emphasized and discussion was directed to methods of increasing and strengthening the service of the official agencies. Reports were made to indicate that several centers seem to be making progress through closer relationship of the public and private organizations. In some instances, there is an amalgamation of these services.

The first session of the Public Health Nursing Section was devoted to the consideration of the value of an advisory committee for the official nursing service. There was a unanimous opinion in favor of such committees if the personnel is carefully selected from groups intelligently interested in public welfare. The Cleveland Central Committee for Nursing, which has been functioning for some time,

seems to have been a very important factor in the growth and development of public health nursing in Cleveland.[1] This Committee now has sub-committees to consider institutional nursing problems, to recruit student nurses, to determine eligibility of nurses to be appointed on public health nursing staffs and a committee on foreign education.

Dr. Jules Blumenthal, Chief of the Bureau of Child Hygiene of the Department of Health, New York City, stressed the need for high standards of nursing in the public health field and expressed the belief that advisory committees of the right sort, a personnel with interest and intelligent understanding of the public health needs, could do much to assist in maintaining uniformly high standards of service.

This matter of advisory committees was deemed of sufficient importance to warrant further consideration and it was urged that at the next meeting more definite suggestions be made concerning these committees for the rural, the smaller city, and the great city services.

Another topic of interest to nurses was the problem of organization of public health nursing. Is the specialized or generalized service more efficient? This question certainly has a familiar ring. At this meeting, there seemed to be much said in favor of generalized service, but in most instances, those speaking in favor of generalization also urged the necessity of specialized supervision for the general service. Hourly nursing, as a function of visiting nursing associations, was given a place in the discussion. There seems to be a growing consciousness of this need.

The financing of an adequate health program is an ever-present problem. Comparison of the cost of preventable sickness with the cost of health service seems to indicate a bit of the "penny wise and pound foolish." As one speaker said, the problem now is to teach that "public health is purchaseable" and "worth the price." The fact of health being worth the price must be gotten over to the public.

Health demonstrations, as an aid in developing public opinion in regard to the requirements of a satisfactory health service, was the subject of one of the general sessions. Representatives of the Commonwealth Fund and the Milbank Memorial Fund spoke of their experience in health demonstrations. Special provision was made for all the delegates to visit the Cattaraugus County and Syracuse demonstrations in New York State.

Not only were these theoretical discussions of health problems worth while, but the time spent in healthful recreation was enjoyed. The Buffalo Committee had arranged an exceedingly pleasant week for the visitors. All delegates were invited to visit the Buffalo City Hospital, where they were shown the Crippled Children's School and the beautiful hospital of which Buffalo is justly proud.

The Local Committee for Nurses, of which Mrs. Anne Hansen was chairman, planned a dinner for nurses. This was a very pleasant get-together and gave the visiting nurses an opportunity to meet the Buffalo nurses.

The next annual meeting of the American Public Health Association will be held in Louisville. Dr. Henry Dwight Chapin of Providence, R. I., was elected president for the coming year. Mary Laird of Rochester, N. Y., was elected chairman of the Public Health Nurses' section.

AMELIA H. GRANT.

[1]The work of this Committee was reported in the American Journal of Nursing, March, 1925.

American Dietetic Association Meeting, Oct. 11-13

Notes from Two Papers

Dr. Russell Bunting, University of Michigan, Ann Arbor, gave some new ideas in his talk on Diet and Teeth. He said:

At birth only deciduous teeth are calcifying. After birth there is need of proper and sufficient material to increase the size of the jaw to make room for the teeth, particularly room for the permanent teeth. Whatever affects the formation of the permanent teeth must come after birth, probably after one year of age. Teeth may show irregularities in formation through deficiencies in diet during the first two or three years of life, then develop perfectly afterwards. Oftentimes the deciduous teeth are better than the permanent ones. Defects in teeth are often concurrent with rickets but the relation is not understood. The fermentation of carbohydrate material forms acid which decalcifies teeth. Dental caries has been produced in animals by a scorbutic diet. Poor teeth do not necessarily decay. Bacillus acidophilus is always found in mouths with dental caries. This can be combatted by the use of drugs but these do not act uniformly with different individuals.

A story was told of the examination of the mouths of two groups of children in a Toledo

orphanage. Forty-two children were examined in the younger group and thirty-four in the older one. In each group only about 35 per cent had dental caries. This is a much lower figure than is generally found among children of the chosen ages. It was found that the orphanage maintains a large garden and farm and that the children are given plenty of vegetables and milk and very little sugar and few sweets.

Dr. William P. Murphy, Peter Bent Brigham Hospital, Boston, Mass., gave the results of some experiments along dietetic lines in anemia cases. He said:

After three years' work on a diet for anemia with Dr. George Minot it has been found that certain food substances are better foods for stimulating the formation of red blood corpuscles than others. These include:

1. Liver.
2. Sweetbreads, kidneys, sardines.

Carbohydrates, milk, and eggs are less important in the diet.

Work done by Dr. George Whipple at Rochester University has shown that very rapid blood corpuscle destruction is followed by very rapid blood corpuscle formation in the bone marrow. Because of this rapidity there is a loss in the type of corpuscles formed.

The diet advocated for pernicious anemia is as follows:

1. Liver (calves' or beef), in large quantities, 120 to 400 or 500 gm. daily.

One patient has taken 1 1-4 lb. daily for a year.

The following may be substituted: Kidney, sweetbreads, chicken livers, or calves' or beef heart.

2. Red meats or muscle meats, also in large amounts, equal to amounts of liver, daily, e.g. 200 gm. liver, 200 gm. muscle meat.
3. Fruit, particularly 10 per cent or lower.

Oranges, grapefruit, some prunes, certain berries, raw pineapple.

4. Vegetables, only 10 per cent or less.

The following foods may be allowed:

Dry bread or toast, zwieback, baked potato in moderation (rice or spaghetti may be substituted), cereal in small amounts, choosing easily digested ones.

The following foods should be eliminated:

1. Fats, except 20 to 50 gm. butter, possibly 1 oz. cream, preferably moderately heavy.
2. Sugars, 3 to 5 small teaspoons a day may be given if patient is anxious to have it. Candy, pies, and cakes should not be given.

The following may be allowed but are not advocated:

Milk, not over 240 gm. daily.

Egg, not more than one.

Salt should be limited but allowed in cooking. Condiments are allowed when necessary to make the patient eat properly.

Why the foregoing diet works in pernicious anemia we do not know but we know that it *does* work. No specific type of medication was used in the series of cases studied.

There are numberless ways of preparing liver for these diets, some of which follow:

Juice made from raw liver, strained through gauze. Soups: Puree soups with ground liver added. Soups made from liver alone. Fat should be avoided in all soups. The standard way of serving liver is broiled. This method may be used in cooking other meats also, to avoid use of fat. Liver may be served in jello or made into paste.

Calves' liver is preferable to other kinds; beef liver is hard to eat. Liver should be used fresh and not kept over a long period of time.

It is believed that with any treatment of pernicious anemia there is a remission in from 45 to 50 per cent of the cases.

Treatment in other forms of anemia is now being studied by the same group of doctors.

The foregoing diet and facts are not believed by any means to be the last word and may at any time give way to further discoveries.

It is not probable that results would be obtained by this diet in cases produced by toxic agencies. It is advisable to avoid transfusion, if possible, in order to obtain the best results from the use of this diet.

BERTHA M. WOOD.

The College of Surgeons Meeting

The American College of Surgeons held a Hospital Standardization Conference in Montreal, October 25-28. Monday afternoon was devoted to a "Joint Conference, Hospital, Medical and Nursing Professions." Eighteen persons appeared on the program, which was so long that there was no time for informal discussion. Dr. A. K. Haywood of Montreal presided with genial humor.

Dr. W. W. Chipman, the new President of the College, led off with an inspirational discussion of Nursing as a Service Profession and, although conceding that the laborer is worthy of his hire, urged that nurses remember that "Inasmuch as ye do it unto the least of these," etc. Both Dr. Chipman and Dr. Bazin, of

McGill University, who followed him, stressed the importance of proper correlation of theory and practice.

Dr. John E. Jennings, of Brooklyn, reminded his hearers and "the malignant critics of nurses" that the trained nurse made the modern hospital what it is, but warned against an Hebraic faith in "book learning," and closed with the stimulating question, "Is it possible that nursing can be learned only under the lash of responsibility?"

One speaker appealed to the College for assistance in solving what he conceded to be a local need and local shortage, and one speaker in scathing terms denounced the present educational system as one that turned out women who are "half-baked doctors or immature chemists, but not nurses."

Following these speakers, a group of distinguished nurses took up the discussion. Laura R. Logan read the Suggested Minimum Standards which had been presented at the August meeting of the Minnesota Hospital meeting and which were widely distributed by *Hospital Management* at the Atlantic City meeting of the American Hospital Association. These are not standards of the Grading Committee, since the Committee has not yet announced its plan for grading. They are a frank adaptation of the standards adopted by the College of Surgeons in grading hospitals to schools of nursing. Briefly stated, they are as follows:

1. An adequate organized nursing faculty or staff, comprised of competent graduate nurse administrators and instructors.
2. Regular meetings of graduate nurse faculty or staff to review and improve the professional and educational work of the hospital and school.
3. A system of comprehensive school and hospital records and bedside nursing notes.
4. Acceptable hospital facilities, school and laboratory equipment.
5. Acceptable admission requirements, curricula, educational standards and living conditions.

Frances L. Reed and Ethel M. Sharpe of Montreal gave extremely able discussions of the Hospital's Obligation to the Student Nurse, emphasizing the need of endowments and suitable support of schools of nursing. Miss Reed said, "It is *nothing but the spirit of service that is keeping schools of nursing open today!*"

Grace M. Fairley, of London, Ontario, Alice S. Gilman, of New York, Flora M. Shaw of McGill University, Janet M. Geister, Carrie M. Hall and S. Lillian Clayton all contributed substantially to the program and May Ayres Burgess displayed charts and gave a summary of the data published in this issue.

The cause of nursing has doubtless been advanced by this coming together of many minds for, as Miss Clayton put it, all believe the same thing which is, that the nursing profession must have a foundation of fine women who can be given the best possible preparation for service and who can be instilled with the courage to carry on by means of suitable education.

Stating that Miss Logan had summarized the ideals of the last 25 years, Miss Clayton closed by urging that any grading project be referred to the Grading Committee which is composed of representatives of all the interested national bodies.

Institutes and Special Courses

Missouri: St. Louis.—The joint institute—Nursing Education, Public Health and Private Duty Nursing—that was held in St. Louis in connection with the annual meeting of the Missouri State Nurses' Association, October 25-30, was beyond a doubt the most helpful and most inspiring ever attempted in the state of Missouri.

Members were unusually fortunate to have Elizabeth Fox, National Director Public Health Nursing Service, American Red Cross, give a delightfully practical series of lectures upon Organization and Programs of Public Health Nursing. These were held at 8 a. m. daily for the benefit of the public health nurses of the city.

Another series of five lectures on Newer Methods in Teaching was given by Georgina Lommen, Director of the Training School, State Teachers' College, Moorhead, Minnesota. Demonstrations of actual teaching of student nurses before the institute were criticised by Miss Lommen from the standpoint of teaching that had been brought out in her lectures. Miss Lommen's lectures were an inspiration and stimulus to all.

Besides Public Health and Principles of Instruction, much stress was made upon pediatrics and the teaching of that subject. Two lectures on The Mental and Physical Development of the Normal Infant and the Pre-School Child, by Dr. Hugh McCulloch, of Washington University, were very instructive. Several other well known pediatricians and nurses who are authority upon the care of children, both in the hospital and in the field of Public

Health Nursing, read papers on this and kindred subjects that were well received by all who heard them.

Much praise is due to Claribel A. Wheeler and her Committee for their careful preparation of this energetic program, which was received with much enthusiasm by all who attended the institute.

Texas: An interesting Institute for nurses was held the first three days in November, 1926, sixteen cities sent representatives. The first session was held in Galveston in the class rooms and at the Medical College. The second and third meetings were in the Houston hospitals.

The Institute was well attended and great interest was shown in all the demonstrations but the happiness of having Mary M. Roberts, Editor of the *Journal*, present at all sessions made the event a notable one.

Miss Roberts inspired the Texas nurses with a fresh zeal for their profession and contributed generously her time and knowledge attending each session and taking part in discussions.

She spoke of the *Journal* and its needs and ambitions in such an interesting and logical fashion that the nurses present were able to take back to their homes a fresh and inspiring viewpoint.

A dinner was given for Miss Roberts by the officers of the State League which was attended by twenty-five nurses and at which Mrs. Robert Jolly, President of the League, called on various members to rise and introduce themselves. Immediately following the dinner, a general meeting was held at the Y. W. C. A. at which Miss Roberts was the chief speaker, her topic being the Importance of Schools of Nursing.

Each hospital presenting programs extended hospitality, serving lunch or tea to all members attending and these occasions were of great value to the Institute, promoting not only social relations but affording opportunity for numerous round tables.

Miss Roberts was a guest of Geraldine Borland at Hermann Hospital while in Houston.

Commencements

MASSACHUSETTS:

The Westbrough State Hospital, Westbrough, on October 14.

OHIO:

St. Elizabeth's Hospital, Youngstown, a class on November 19.

State Boards of Examiners

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS will hold a meeting on January 3, at Phoenix. Catherine Beagin, Secretary.

Louisiana: All nurses registered in Louisiana are notified that the Louisiana Law requires each nurse to send annually to the Louisiana Nurses' Board of Examiners, located at 1005 Pere Marquette Building, New Orleans, a request for renewal of registration, with fee of one dollar. This is effective January, 1927.

Mississippi: THE MISSISSIPPI STATE BOARD OF EXAMINERS OF NURSES will hold examination for nurses, January 3 and 4, at the State Capitol, Jackson. All applications are to be filed with the Secretary by December 15. Aurelia Baker, Secretary, McComb Infirmary, McComb, Miss.

Ohio: THE NURSE EXAMINING COMMITTEE will conduct examinations on December 2, 3 and 4.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the St. Charles Hotel, Pierre, January 18 and 19, 1927. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Wisconsin: THE WISCONSIN STATE BOARD EXAMINATIONS will be held November 30, December 1 and 2, in the City Hall, Milwaukee, and the Court House, Ashland. Adda Eldredge, Director, Bureau of Nursing Education.

State Associations

Alabama: The fourteenth annual convention of the ALABAMA STATE NURSES' ASSOCIATION was held in Mobile, October 19 and 20, with an attendance of about one hundred, Headquarters, Battle House Hotel, with the following program:

Tuesday, Oct. 19, 8 a. m., Directors' meeting. 9 a. m., Registration. 10 a. m., Open session called to order by Annie Mae Beddow, President. Invocation, Dr. D. H. Ogden, Mobile. Address of welcome, Hon. Harry T. Hartwell, Acting Mayor of Mobile. Jessie Marriner, Director Nursing Department of Health, Montgomery, responded. Mrs. W. J. Elliott, President Alabama Parent-Teachers'

Association, discussed the various phases of the association in connection with the nursing profession and their united activities. Dr. W. T. Henderson, one of Mobile's prominent surgeons, read one of the best papers on What the Doctor Expects of the Nurse. Mary M. Roberts, Editor of the *Journal*, the most welcome guest, in discussing this paper said it should be brought before the public as it was one way of solving the present shortage in the private duty ranks. Dr. Henderson suggested group nursing in the hospitals and hourly nursing as ways to handle the problem. What the Superintendent Wants was ably discussed by Helen McLean, President Alabama Board of Examination and Registration. Discussion by Mrs. Ida Inscor of Dothan. Miss Roberts was called on after each paper and offered suggestions, which were gratefully received.

At 1 p. m. luncheon was served at the Alba Club, each guest was presented with a small umbrella stand that held six umbrellas, which proved to be pencils, gifts from Van Antwerps, Mobile's leading surgical supply house, which also sent ice cream to be served after the afternoon session, which was held at the Club, at 2:30 p. m. with Dr. C. H. Mohr, Board of Health Department, giving an opening address and introducing the speakers and officers. What the Pupil Wants, by Pansy Read, President T. C. I. Hospital Alumnae Association, was followed by a discussion by Juanita Olsen, Senior, Providence Infirmary, Mobile. What the Graduate Wants was read by Miss Sewell, of Selma. Discussion led by Leah East. Miss Roberts gave a talk on rates and group nursing. She also suggested that the Districts handle the question rather than the State Association. Jessie Marriner then distributed copies of the Code of Ethics, which she read.

7 p. m. a dinner was given at the Battle House. A most interesting address was given by Miss Roberts.

Wednesday, Oct. 20, 9 a. m. Invocation, Gertrude Whetstone, Sylacauga. This was a business meeting. Reports were made by the Officers and Standing Committees. Joyce Ely, Red Cross Field Representative for Alabama, Mississippi and Tennessee, gave an interesting report of Red Cross activities at home and abroad. Linna Denny, State Chairman of the Red Cross, stated the Committee had sent seventeen nurses to Florida during the recent disaster. Catherine Moultis reported on the Scholarship Fund. Mrs. A. L. Jones, Annie Mae Beddow and Catherine Moultis gave reports of the biennial meeting. Linna Denny, Secretary of the Alabama State Board of Examination and Registration, brought messages from that division. Miss Roberts was called on frequently to answer questions in regard to the various reports.

A Red Cross luncheon was served in the Assembly Room of the Cawthorn Hotel. Speakers: Miss Roberts, Miss Ely, Miss Denny. Each member present told who she was and what she was doing. At the close of the luncheon all stood for a moment in silence, as a tribute to Miss Delano.

At 2:30 the invocation was given by Dr. F. G. Dubose, Selma. Reports from District Presidents showed an increase in the membership, progress along civic, health, educational and social lines. District 2, Montgomery, report twenty-five cents per capita towards a scholarship for Women's College and also one dollar per member to the Relief Fund. Discussion of these reports by Miss Roberts who urged greater support of the Relief Fund. Following Miss Denny's suggestion toward reregistration, the Association voted two years' high school the minimum requirement for entrance to training schools, compulsory registration, and raising the registration fee from $5 to $10.

The list of nominees was read and the following officers elected: President, Annie Mae Beddow, Birmingham; vice presidents, Mrs. Ida Inscor of Dothan, and Pansy Read, Birmingham; secretary, Gertrude Hoerig, Birmingham; treasurer, Ruth Davis, Selma; Ways and Means Committee, Elizabeth LaForge; Nominating Committee, Billie Brown; Arrangements Committee, Mary Bush; Relief Fund Committee, Jewell Thrasher; Printing Committee, Emmie Snead; Publicity Committee, Catherine Moultis.

Before the election there were the President's Address and a report of the Resolutions Committee. Following the election came the introduction of the new officers and Talladega was selected as the meeting place, in October, 1927.

Arkansas: The fourteenth annual meeting of the ARKANSAS STATE NURSES' ASSOCIATION was held in Fayetteville, November 1 and 2. Headquarters were at the Mountain Inn, and all sessions were held at the American Legion Hall. An interesting and entertaining program was arranged by District 3. Mayor Allen Wilson welcomed the nurses; the response was given by Sister M. Edward of Hot Springs in her usual gracious way. Professor Code of the University of Arkansas gave an interesting

address on Skill and Knowledge, with an appeal for help in education and sanitation in the schools. A unique roll call took place, each nurse giving her name and present station and any special thing of interest. Six charter members of the Association were present, and twenty-one hospitals were represented. This closed the morning session. At 2 p. m., an interesting paper on The Need of a Revised State Law for Registration of Nurses, by Eva Atwood, Conway, was read; this was followed by an instructive paper on Local Registration for Nurses, by Mrs. O. F. Duebler of Little Rock.

After enjoyable music, Miss B. Belzner read, Transmission of Hereditary Diseases, by Dr. Allen Gilbert of Fayetteville. After this the Private Duty Section held a session, with Lula McCarver presiding. Lula McCarver was reëlected as chairman with Euguene Cargile of El Dorado as Secretary of this Section. The afternoon session adjourned. All nurses were invited to a Theater Party as the guests of E. C. Robertson, of the Ozark Theater. At 8 p. m. a Banquet was given by District 3 Nurses, at the Washington Hotel. Marie McKay, with her happy and entertaining disposition was toastmistress. At 10 p. m. all went to the American Legion Hall, and were entertained with a dance given by Lynn Shelton Post of Fayetteville. On Tuesday, Directors' Meeting was held, the regular session was called to order at 9:30 a. m. Invocation and talk by Rev. J. Ridout, Jr. Edgar F. Allen, of Elyria, Ohio, President of the International Society for Crippled Children, gave a very interesting talk, telling of the movement of organizing a State Society for Crippled Children. The remainder of the morning was given to reports of the Districts, chairmen of the committees, Secretary of the State Board of Nurse Examiners, State Red Cross Chairman, and Chairman of Private Duty Section. The election of officers took place. All reports given showed that quite a great deal of work was accomplished in the past year, and that coöperation was given at all times. At 12:30, an elaborate luncheon was given by the Rotary Club. The afternoon session was called to order at 2 p. m. The members had the pleasure of having Louise Dietrich of El Paso, Texas, Visiting Educational Secretary of that State. Those present were benefited by her instructive address. Olive Ainsworth of Little Rock read a paper, Postgraduate Courses for Nurses. This was followed by the Red Cross session, at which Eva Atwood presided. Mrs. E. H. Vaughan, of St. Louis, Assistant National Director Nursing Service, Midwestern Branch, gave an inspiring talk on Red Cross Nursing Service throughout the country. Installation of officers took place: Marie McKay, Russellville, President; Eva Atwood, Conway, and Susie Almer, Helena, vice presidents; Blanche Tomaszewska, Pine Bluff, secretary and treasurer. Ellen Phillips, Russellville, and Mrs. Emma Winters, Little Rock, are the two new counsellors.

Districts represented were: Dist. 2, 3, 4-A, 5, 6-A, 6-B and 7. All branches of nursing service were represented. After a tea and drive over the city this successful meeting closed, to meet in Ft. Smith, November 7 and 8. with District 4-A.

District of Columbia: Janet Geister addressed a large and interested special meeting of the GRADUATE NURSES' CLUB on October 5, at the Club House. Miss Geister talked with force and inspiration about the need of private duty reorganization. She advocated a redistribution of the private duty personnel so that country and city alike would have a supply of graduate nurses at all times. The maintenance of standards through supervision was another important recommendation. As a solution to some of these problems, group nursing has been successfully tried in a few hospitals and it is undoubtedly true that such a method is a step toward the desired goal—complete reorganization of private duty business methods.

The first regular meeting of the GRADUATE NURSES' ASSOCIATION was held November 1.

After the regular business, the reports of the delegates to the Health Congress in Atlantic City were heard and approved.

Georgia: THE GEORGIA LEAGUE OF NURSING EDUCATION was organized in Savannah, October 23, and the following officers were elected: President, Eva Smillie Tupman, Atlanta; vice president, Martha G. Gatzka, Savannah; secretary, Annie Bess Feebeck, Atlanta; treasurer, Mae Jones, Milledgeville; directors, Lillian Alexander, Alma Brown, Mary Campbell.

Illinois: The Silver Anniversary of the ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES was celebrated in the city of its birth, Chicago, with a festivity almost equalling a national convention. There were nine ex-presidents present, Harriet Fulmer of St. Luke's, Chicago, having been the first one.

There were speakers of national prominence. Mrs. B. F. Langworthy, President of the Womens' City Club of Chicago, stressed the

point so often made by Frances Ott, that we develop our non-professional side, mingle with other women, join their clubs, etc.

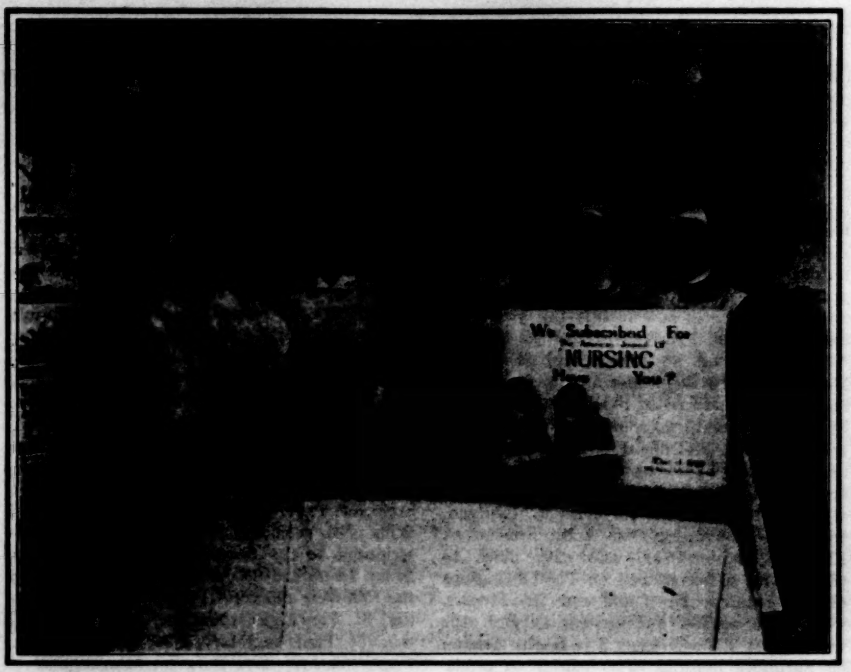
May Ayers Burgess, Ph.D., Director of the Committee on Grading Schools for Nursing, gave the nicest resume of the few thousand schools already surveyed and that without hurting anyone's feelings. Annie W. Goodrich, in her usually brilliant style, depicted the typical American nurse as one who could and did do all things for the sick man and his family in a way that was pleasing to him and to his family. She gave the trend of nursing education to be the same as the trend of all American endeavor, "a building for the future." Max Mason, President of the University of Chicago, spoke for the new five-year school of nursing soon to be opened as a department of the University. In the Health Aspect of a Nursery School Program, by Winifred Rand, of the Merrill-Palmer School, Detroit, there was given a classical description of the unnecassary 24-hour day of the mother.

The Cottage of the Illinois State Association of Graduate Nurses for tuberculous nurses, was formally opened, October 23. It is located on the grounds of the Naperville Sanatorium. It is built of yellow stucco, six single rooms, a roof solarium, drug room, kitchen and two living rooms. The cost of the building and its furnishings was about $30,000. The rooms furnished at a cost of about $200 each are gifts from the St. Barnabas Guild, the staff of nurses of the Chicago Tuberculosis Institute, the staff of nurses of the Infant Welfare Society, Chicago, and the nurses of the Second District of the State Association. Friends of the organization, Mrs. Joseph Cudahy gave the rugs, some of the furniture and a beautiful pair of brass andirons for the living room; Mrs. Joy Morton, $1,000 toward furniture and equipment. The staff of the Chicago Tuberculosis Institute furnished the material and made all of the curtains for the cottage. Mrs. Theodore B. Sachs, chairman of the committee which has made this beautiful cottage possible, gave as a recommendation in her report that we set as our goal the raising of a $125,000 endowment fund so that the care may be free. At present, it costs $21 per week for the board, room, medical and nursing care of a single room patient.

In the Obligation of Opportunity, Elizabeth Fox, National Director, Public Health Nursing Service, American Red Cross, gave, the being called to do a thing, as your opportunity, and the filling of the job as your obligation. Officers elected are President, Irene R. Stimson, Rockford; vice presidents, Mary H. Cutler and Sara B. Place, Chicago; secretary, May Kennedy, 6400 Irving Park Boulevard, Chicago; treasurer, Elizabeth Asseltine, Chicago.

The business meeting of the ILLINOIS LEAGUE OF NURSING EDUCATION, which was held in conjunction with the convention of the State Association at the Palmer House, Chicago, October 20, was well attended. The Committee on Education reported that at the opening meeting it was decided that each member be responsible as sub-chairman for a definite piece of work. The appointments for study were as follows: Case Study, Dora Saunby and Mabel Dunlap; Follow-up Work, Mrs. Carrie B. McNeil and Maude Essig; Evaluation of Text and Reference Books, Ella Best; Institute, May Kennedy; Survey of Schools of Nursing in the State of Illinois, Bertha L. Knapp and Harriet Fulmer. These excellent reports were accepted with appreciation. The League is making plans to have a permanent course for graduate nurse study in the curriculum of the University of Chicago. Two summer courses have already been given and the League is gratified by the interest shown by the University and by the students who have taken the work. In order to finance such a course the chairman of the University Relations Committee of the League recommended that the Association start subscriptions at once. Over $4,000 was subscribed and the Committee is confident that the goal, $25,000, will be reached with small difficulty.

Iowa: The twenty-third annual meeting of the IOWA STATE ASSOCIATION OF REGISTERED NURSES, held at Hotel Montrose, Cedar Rapids, October 19-21, was one of the best in the history of the Association. A very splendid program had been prepared. Adda Eldredge, past president of the A.N.A.; Elizabeth Fox, National Director of Public Health Nursing, under the Red Cross; Mary C. Wheeler, General Secretary of the Michigan State Association, and Dr. M. T. MacEachern, Director of Hospital Activities, American College of Surgeons, were the high lights of the program. There was much constructive discussion. The outstanding accomplishment was the recommendation of the Association that a Division of Nursing be formed in the State Department of Health with two directors, one a Director of Nursing Education and the other a Director of Public Health Nursing. The Association voted to finance one director until such time as the Legislature meets and can appropriate funds to carry on the work. Dr. Albert,



The *Journal* Table at the Indiana State meeting in charge of six students representing the following nursing schools in Indianapolis, (left to right): Dr. W. B. Fletcher's Sanitarium, Methodist Episcopal Hospital, Indianapolis City Hospital, St. Vincent's Hospital, Indiana Christian Hospital, Indiana University.

Health Commissioner, was present and heartily approved the action. One forenoon was given over to sectional meetings with interesting programs for League, Public Health Nursing and Private Duty.

The social side was not neglected. The banquet on the opening night was a lively affair, with Miss Fox as the speaker. There was a dinner for Ex-Service nurses in the Legion Hall of Marion, a suburb of Cedar Rapids, followed by a dance and card party given by the County Medical Society. Open house at St. Luke's Methodist and Mercy Hospitals during the noon intermission on Wednesday, gave the visiting nurses an opportunity to visit these hospitals. Lunch was served at both institutions. At the close of the meeting on Thursday, tea was served by the Business and Professional Women's Club. All officers were reëlected.

Maryland: The fall meeting of the MARYLAND STATE NURSES' ASSOCIATION was held at Osler Hall, Baltimore, November 3; over 350 nurses were present. Jane E. Nash, first vice president, presided, and Clara D. Noyes was the speaker. Miss Noyes in her own characteristic way told of the work of the Red Cross especially as it has to do with the nursing service in time of disaster. A goodly number of Senior nurses from the various schools of nursing were present and without doubt many will enroll as Red Cross nurses as a result of this meeting.

About thirty private duty nurses also were present and steps were taken to organize a Private Duty Section with Blanche L. Martin, member of the Nurses' Alumnae Association of the University Hospital, as chairman. A social hour closed a most enjoyable and enthusiastic meeting. Fifty of the 1927 calendars were sold.

Minnesota: The Second District of the MINNESOTA STATE REGISTERED NURSES' ASSOCIATION was host to the association at the twenty-first annual convention which was held in Duluth, October 13 to 16. The nurses of Duluth have long had an enviable reputation for originality and hospitality, and it seems to be no effort for them to live up to it. The attractive programs sent out in advance of the

convention were distinctly original, and hospitality literally surrounded the 290 members who registered for the three-day sessions. The convention was officially launched on the evening of October 13, with an "All Duluth" program. Rev. Mr. Ramshaw and Mr. McCormick made the nurses feel that Duluth did welcome them, and this welcome was augmented many times during the convention by musical numbers which interspersed the programs, by a delightful tea, and by auto rides about the city. A new feature this year, and one which pleased the nurses was the Student Nurse Chorus of St. Mary's and St. Luke's Hospitals under the leadership of Hazel Gabrielson. The address of the evening was given by Dr. McDonald who spoke on Higher Standards. Doctor McDonald has a sympathetic understanding of our problems and we are deeply grateful to him. The principal speakers at the joint sessions were: Mary E. Gladwin, who spoke convincingly on Adult Education; Elizabeth Gordon Fox, who gave much to think about in her address on The Obligations of Opportunity; Dr. Laird and Dr. Meyers, who made us feel our responsibility in the war against Tuberculosis. The Health Session on Saturday morning was helpful to public health, private duty and institutional nurse alike. Lyla Olson, Superintendent of Nurses at the Kahler Hospital, Rochester, assisted by two of her students, gave a practical demonstration with improvised equipment. This demonstration was considered so helpful that Miss Olson was appointed chairman of a committee to continue the study of Improvised Equipment and report at the next annual meeting. The business meeting centered around the annual reports of the standing committees. The association was especially pleased with the work of the Relief Fund and Red Cross Committees. The contributions to the Relief Fund totaled $1,508.50 for this year. It was reported that eight Minnesota nurses are receiving help from this fund. Bertha Merrill, Chairman of the State Red Cross Committee, presided at the Red Cross Luncheon. We were fortunate to have as speakers at this luncheon Norma Eskil, Field Representative, A.R.C., Mary E. Gladwin, a member of the National Committee, who has herself had a remarkable experience in the Red Cross Nursing Service, and Elizabeth Gordon Fox, Washington, D. C., Director of the Public Health Nursing Service of the Red Cross. The committee reported 989 enrolled Red Cross nurses in the state. Plans were formulated whereby enrollment could be stimulated, and the Committee hopes to report a substantial increase at the next meeting. The Headquarters Committee, appointed last January to study the question of establishing state headquarters with a full time secretary, recommended that such action be taken at this time. At a meeting of the Directors the elected secretary was appointed to give full time to the work beginning January 1, 1927. Honorary Membership was conferred upon Dr. Richard Olding Beard in recognition of his interest in and his contribution to nursing education. Officers were elected as follows: President, Caroline Rankiellour, Minneapolis; vice presidents, Irene English, Rochester, Leila Halvorsen, St. Paul, Hulda Petry, Montevideo; secretary, Dora M. Cornelisen, St. Paul; treasurer, Sophie Olson Hein, St. Paul; Director, Louise Schneller, Duluth. The Private Duty Section elected as chairman, Ethel Carroll, Rochester; vice chairman, Anna Stein, St. Paul; secretary, Edith Boxrud, Red Wing. 41 calendars were sold and 235 subscriptions to the *Journal* were received. THE STATE LEAGUE OF NURSING EDUCATION elected the following officers: President, Lena Ginthner, St. Paul; vice president, Mary E. Gladwin, St. Paul; secretary, Ella Christensen, St. Paul; treasurer, Eva Burgren, Minneapolis.

The next regular meeting will be held at St. Joseph's Hospital, St. Paul, at 2:30 p. m. on December 11. An excellent program is promised.

Missouri: The twenty-first annual convention of the MISSOURI STATE NURSES' ASSOCIATION, the sixteenth annual convention of the STATE LEAGUE OF NURSING EDUCATION and a Joint Institute were held October 25 to 30, inclusive, at St. Louis, at the Hotel Chase. The meeting was called to order by Marie Brockman, followed by the Invocation by Dr. John W. MacIvor. The address of welcome was given by Martha Connole, President of the Town Club, and the response for the State Nurses' Association by Nannie J. Lackland, St. Joseph. The President's message and also a report of the A.N.A. Convention at Atlantic City were given by Miss Brockman. Reports were read and accepted from the Treasurer, Secretary and Standing Committee and Special Committees. The Ways and Means Committee reported as having on hand over $1,000 for legislative purposes this year. The Secretary reported an increase in membership, the largest since its organization, the membership now being 2,287. The History of Nursing in Missouri has been finished, printed and is ready for sale. The third $100 scholarship was pledged to the Phoebe J. Eas Fund and

named for Margaret McKinley of St. Louis. It was the largest meeting in attendance of any in the history of the Association, and the interest and enthusiasm of the members was equally unusual. Several Alumnae Associations reported having adopted the $1 per capita tax for the Nurses' Relief Fund. The five cents per capita tax was also adopted for the International dues.

Some of the outstanding addresses on the program were: General Trends by Elizabeth Fox, and also Obligations and Opportunities; Principles of Good Instruction by Georgina Lommen of Teachers College, Moorhead, Minnesota. Other speakers were Dr. Parke White, who gave The Teaching of Pediatrics in Schools of Nursing, and Dr. Allen McLaughlin of the United Health Nursing Service talked on The Development of Specialized Nursing. A most pleasant and delightful feature of the week was the presence of Georgina Lommen, and whenever she spoke she held her listeners spellbound.

The League, Public Health, Private and Red Cross held their respective luncheons and round tables.

At the banquet in the evening which was attended by 203 members and guests, Miss Lommen and Dr. Malvern Clopton were the speakers.

At the close of the last business session the following officers for the State Association were elected for the coming year: President, Anna Anderson, Kansas City; vice presidents, Mary Stephenson, St. Louis, and Emma Bechtel, Springfield; secretary, Florence Peterson, Kansas City; treasurer, Bertha Love, St. Louis.

At the close, the guests were taken on an automobile ride to Koch Hospital. Other excursions were planned for those remaining through the week for the Institute.

The newly elected officers of the STATE LEAGUE are: President, Irma Law, Jefferson City; secretary, Carrie A. Benham, 600 S. Kingshighway, St. Louis.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION reports that its convention held in Omaha, October 27-29, was the most successful it has ever had. Under the presidency of Homer Harris, the Association is increasing in membership and enthusiasm, as testified by a registration of over six hundred at the annual meeting. The educational features were exceptionally interesting, especially the addresses of Dr. Richard Olding Beard and Elizabeth F. Miller. The round tables were well attended and discussions lively. Sixty student nurses from Omaha schools were among the two hundred and sixty-two who attended the get-together dinner at the Fontanelle Hotel. It was a delightful affair as was the tea by the alumnae association on Wednesday afternoon. Officers are: President, Homer Harris, Omaha; vice presidents, Edith Salin, Omaha, and Lulu Abbott, Lincoln; secretary, Mary E. O'Neill, Omaha; treasurer, Leeta Holdredge, Omaha; directors, Mrs. Bertha A. Miller, Grand Island, Laura Allen, Omaha, and Helen Rusk, Omaha.

New Jersey: The twenty-fifth anniversary of the NEW JERSEY STATE NURSES' ASSOCIATION was held in Camden on November 5, in the Y. M. C. A. The meeting was called to order by the President, Virginia M. Chetwood, who gave a short address of welcome. After a business session the meeting adjourned. The afternoon session opened with an invocation by Rev. Thomas S. Brock. An address of welcome was given by Mrs. Holmes F. Gravatt, President of Women's Clubs, Camden, and there were greetings also from George W. Whyte who had helped secure the passage of the registration law in 1912. In the evening a banquet was held at the Walt Whitman Hotel, at which greetings were brought from many organizations, among them one from Katharine DeWitt, Managing Editor of the *American Journal of Nursing*, whose keynote was that New Jersey was a pioneer in the matter of registration for nursing and was one of the first to seek endorsement by the State Medical Society. Marietta B. Squire, chairman of the meeting, also spoke of the seige of legislative battles from which the State Association emerged triumphant. S. Lillian Clayton, President of the American Nurses' Association, paid a tribute to the members of the Association who, she said, were steadfast to a great ideal during their efforts for standardization. Helen Stephen, Chairman of the State Red Cross Nursing Service, and Jessie M. Murdock, President of the State League, offered greetings. Various ex-presidents gave reminiscences, Mrs. d'Arcy Stephen, Frances Dennis, Arabella Creech, Mary Rockhill, Jennie M. Shaw. Student nurses from Cooper Hospital, Camden, gave a short musical program. Following the banquet, a huge birthday cake was borne in, a present from the Fifth District Association.

New York: The twenty-fifth annual convention of the NEW YORK STATE NURSES' ASSOCIATION, the LEAGUE OF NURSING EDUCATION and the STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was held at Hotel Arlington, Binghamton, October 26-28. Upwards of

seven hundred delegates were present. Tuesday, October 26, was given over to meetings of the Public Health and League Organizations. Besides routine business, papers were presented at the League as follows: Education of the Nurse through Clinical Experience, Helen Wood, Strong Memorial Hospital, Rochester; Value Derived from Communicable Disease Service, Mrs. Nellie S. Parks, Willard Parker Hospital, New York City; Value Derived from Dispensary Service, Amelia Grant; Evaluation of Various Types of Examination Questions, Maude Muse.

At the Public Health meeting the following papers were given: Standards in Public Health Nursing, Mrs. Anne L. Hansen, President N O P H N.; What Public Health Nursing Means to the Laymen, Mrs. Richard Noye, Buffalo. Speakers at the luncheon were: Dr. Mathias Nicoll, Jr., Commissioner New York State Health Department; Dr. C. J. Longstreet, Health Officer, Binghamton; The Educational Program of the New York State Committee of the American Society for the Control of Cancer, Dr. John M. Swan, Rochester; Eyesight Conservation, Mrs. Winifred Hathaway, American Association for the Prevention of Blindness.

A very interesting Round Table on Registries, their formation, progress and accomplishments, was conducted by Elizabeth Faust, Rochester, Chairman of Registry Committee of the State Association.

A luncheon for Student Nurses was attended by approximately one hundred students, representing nearly that number of Registered Nurse Training Schools. Helen M. Young, Presbyterian Hospital, New York City, presided.

The subject of Student Government was presented by Miss Wilber, High School Instructress, Binghamton; The Practical Application of Student Government was presented by Dean Fitch of Women's College, Cornell University, Ithaca.

The Private Duty Committee held an open session which was well attended, and at which time the question of Private Duty Nursing was presented: From the Standpoint of the Medical Profession, Dr. Arthur S. Chittenden, Binghamton; from the Standpoint of the Hospital and the Standpoint of the Registrar, by Nancy E. Cadmus, Rochester; the Standpoint of the Laity, Mrs. Dethia C. Kent, Binghamton; Standpoint of the Private Duty Nurse, Elizabeth E. Golding, New York.

A joint session of the three organizations was held at the High School, Tuesday evening, October 26, Louise R. Sherwood, Syracuse, President of the State Association, presiding. The invocation was pronounced by Rev. Nelson E. Tannes. Addresses of welcome were given by Hon. Clarence J. Cook, Mayor, and Mrs. Thomas Kattell representing the Women's Civic Clubs. The response to the addresses of welcome was given by Elizabeth C. Burgess. The address of the evening was given by Mary Beard, New York City.

Wednesday morning's program opened with registration of delegates, followed by roll-call of the fourteen districts, at which time a short report of the work accomplished by each was given. Then followed the routine reports, also the address of the President. Papers followed on Heart Disease as a Public Problem, Lovine M. Woughter, New York City; Nursing Conditions in Turkey, Hazel Hotson, Superintendent of the American Hospital, Adana, Turkey; Organization, S. Lillian Clayton, President American Nurses' Association; Report of the Secretary of the Board of Nurse Examiners, Alice S. Gilman, Albany.

Wednesday evening the delegates enjoyed a delightful banquet at the Arlington Hotel.

Thursday morning an interesting and instructive talk on The Importance of Saving was given by Charles D. Ewing, Rochester; a paper, The Education of the Nurse, a Safeguard to the Public, by Dr. Luzerne Coville, Ithaca. Dr. Garvin, Superintendent of Binghamton State Hospital, and his assistants gave a very interesting Mental Clinic at the hospital on Thursday afternoon. At this time cases were shown which illustrated many of the different forms of insanity. Professor Flora Rose, Head of the Department of Home Economics, Cornell University, gave an interesting and instructive talk on Nutrition. The afternoon session was followed by a tea at Hotel Arlington, sponsored by the Women's Civic Clubs of Binghamton.

A short business session was held Thursday evening at which time a summary of the business of the Convention was given, as well as the report of the Resolutions Committee and the report of the tellers which showed the following to be members of the Board of Directors for the ensuing year: President, Louise R. Sherwood, Syracuse; vice presidents, Lydia E. Anderson, Brooklyn, and Genevieve Clifford, Ithaca; secretary, Lena A. Kranz, Utica; treasurer, Alice A. Holmes, Utica; directors, Helen M. Wood, Rochester, and Ella F. Sinsebox, Buffalo; candidates for Board of Nurse Examiners, Arvilla Everingham, Cortland, Jessie Broadhurst, Oneida, and Elsa Schmidt,

New York. The next Annual Convention is to be held in Rochester.

At its Convention in Binghamton, October 26, the NEW YORK LEAGUE OF NURSING EDUCATION elected the following officers: President, Helen Wood, Rochester; vice president, M. Eva Dunne, Buffalo; secretary, Mary E. Robinson, Long Island College Hospital, Brooklyn; treasurer, Minnie Jordan, New Committee, Elsie Maurer; Credentials, Helen Young; Nominations, Mabel Hoffman; Arrangements, to be appointed; Program, Louise Parsons.

North Carolina: The annual meeting of the NORTH CAROLINA STATE NURSES' ASSOCIATION was held in Goldsboro, October 11, 12 and 13. The attendance was good and an interesting program presented. Among the business matters taken up at the meeting was the decision to enter the Southern Division of the American Nurses' Association tentatively, for two meetings, that is 1927 and 1929. Five delegates were elected to the first Southern Divisional meeting—the State President, President of the Board of Examiners, Chairman of the League of Education, Private Duty and Public Health section. In this way it is hoped to give the State meeting next May a full report of the Divisional meeting.

It was voted to send $25 each, to the McIsaac and the Robb funds.

The Districts were urged to contribute to the National Relief Fund, as well as that of the State; also State dues for this year, to the International (5 cents per capita), will be sent to the National. The State Relief Fund, which is now a trust fund, is over $11,000. We have four nurses getting State relief, and several more we hope to help this year. There were many papers of great interest. One by Mrs. Palmer Jorman, President of the North Carolina State Federation Women's Clubs on Legislation, presented clearly the measures advanced by the Legislative Council of Women of North Carolina, of which we are a member. We had the great privilege of having with us S. Lillian Clayton, National President, for the three days of the meeting. Nursing Education was the subject on which she spoke at an evening session. The Tentative Code of Ethics of the American Nurses' Association was read by Miss Toomer, and discussed by Miss Clayton. The *American Journal of Nursing*, as a text book for the Senior class, was the subject of a paper by Miss Heinzerling.

There were several demonstrations by pupil nurses, which it is hoped is the beginning of that type of demonstration at the meetings. District No. 8 of Goldsboro, was most thoughtful and attentive. Members were the recipients of much hospitality, among them a tea, a banquet and a reception.

Officers of the State Association for 1926 and 1927: President, Columbia Munds, Wilmington; secretary, Mrs. Bessie D. Powell, 308 North Third Street, Wilmington. Board of Examiners: President, Mary P. Laxton, Biltmore; secretary, Mrs. Dorothy H. Conyers, P. O. Box 1307, Greensboro; Educational Director, Lula West, Martin Memorial Hospital, Mt. Airy. Chairmen of Sections are: League, E. A. Kelly, Highsmith Hospital, Fayetteville; Public Health, Mary Oliver, Health Department, Winston-Salem; Private Duty, Blanche Stafford, R. F. D. No. 1, Winston-Salem.

North Dakota: The fourteenth annual meeting of the NORTH DAKOTA STATE NURSES' ASSOCIATION was held at Fargo. A full, interesting program was enjoyed, and a large number of members and visitors was in attendance. Mary E. Gladwin, Educational Director for Minnesota, was the principal speaker. Eula Butzerin, Director of Public Health Nursing of the University of Minnesota, was present also, and a wonderful inspiration. The Association will meet at Devils Lake next year.

Newly elected officers are: President, J. Evelyn Fox, Minot; vice presidents, Sister M. Gilbert, Fargo, and Mrs. Mildred Isaacson, San Haven; corresponding secretary, Esther H. Teichmann, 911 Sixth Street, Bismarck; secretary-treasurer, Mrs. Neal Williams, Fargo; Board of Directors, Josephine Stennes, Edith B. Pierson, Axel Christianson, Luella Riste.

The annual meeting of the NORTH DAKOTA STATE LEAGUE OF NURSING EDUCATION was held at Fargo on October 20. The following were elected as officers for the coming year: President, Sister M. Kathla, Grand Forks; vice presidents, Mrs. Mildred Isaacson, San Haven, and Sister Camillus, Williston; secretary, J. Evelyn Fox, Trinity Hospital, Minot; treasurer, Ita R. McDonnell, Bismarck; directors, Mildred Clark, Edith B. Pierson, Sister Salome, Esther H. Teichmann.

Oklahoma: THE OKLAHOMA STATE NURSES' ASSOCIATION held its eighteenth annual convention, October 27, 28 and 29, at the Huckins Hotel, Oklahoma City. The weather was ideal and many came from all over the state by auto. It was by far the best attended meeting that has been held, and the pupil nurses took great interest. The Board of Directors held a meeting on the morning of the 27th just previous to the general session. The general ses-

sion was opened by Anna Picklum, President. Invocation was given by Rev. Dean Day, followed by an address of welcome by Mayor Cargill, to which Miss Picklum responded. Immediately following, the various sections, Public Health Nursing, State League and Private Duty, held their business meetings. Dr. Lucile Spires Blatchly from the Bureau of Maternity and Infancy, State Department of Health, spoke to the Nursing League on Need of Public Health Nurses in Oklahoma. Ruth Poindexter, University School of Nursing, read a paper on The *Journal* as a Teaching Instrument, after which the meeting was adjourned. The Afternoon session was given over to the Nursing League of Education and the State Organization for Public Health Nursing. The following program was given: Training Teachers for Health Educational Work, Hilda Brockman, of A. and M. College, Stillwater. D. I. Johnson, of Oklahoma Chapter of the American Red Cross followed, using the Obligation of Opportunity as his subject. This was followed by an informal tea at the Y. W. C. A. which gave a chance to get acquainted. Nothing had been planned for the evening, but as a surprise a citizen presented the nurses with tickets to the Orpheum Theater.

At 9:30 a. m., October 28, a business meeting was called by the president. Reports were given from the Districts by the Secretaries, the Secretary of the State Board of Examiners and the Red Cross Committee. The Legislative Committee reported that some correction must be made in the new nursing law. A Revision Committee was appointed. Representatives from the Equitable and Prudential Insurance Companies presented the methods used and requirements needed for Group Insurance. The Board of Directors were given authority to investigate the plan and use their own judgment. This was followed by an address from the President, Miss Picklum, in which she gave such a report of her trip to Atlantic City, that all felt they had been there with her. The Association voted to become a member of the Oklahoma State Health Council and also to enter into the Southern Section of the American Nurses' Association. It was voted to send contributions to the Robb Memorial Fund and the McIsaac Fund. The Association voted to make an assessment of $2 per person registering at the State meetings to help defray the expenses of the local district for the convention. It was also voted to continue the State Bulletin and each member of the Oklahoma Nurses' Association is made a reporter. Only one name each for President and Secretary-treasurer was submitted by the nominating committee, Anna Picklum of El Reno for President; Marjorie W. Morrison of Oklahoma City, Secretary-treasurer. Both were voted in by acclamation. The Thursday afternoon meeting included a talk by Dr. Risser, President of Oklahoma State Medical Association, on The Trained Nurse from a Doctor's Point of View, Orthopedic Nursing, by Edna Foley, Superintendent, Chicago Visiting Nurses' Association; Enrollment, by Mrs. Elsbeth Vaughn, Midwest Branch American Red Cross, St. Louis; Some Observations of the Trained Nurse in Europe, by Dr. Le Roy Long, School of Medicine, University of Oklahoma. In the evening 124 nurses attended a banquet at the Huckins as guests of District No. 1, when Miss Foley again addressed the nurses, using as her subject, The Quality of Nursing. A short session was held Friday morning for unfinished business. Muskogee extended an invitation to hold the 1927 meeting in that city with District No. 3. The invitation was accepted. The question box was opened and a general discussion was held on the questions. A genuine Apache Indian headband was given to each of the distinguished guests, Mrs. Vaughn and Miss Foley, symbolic of the Indian custom of adopting the white man who has won favor with their tribe. Mary DeLaskey of the Bureau of Maternity and Infancy gave a talk on The Nurses' Part in the Teaching of Euthenics. The Association then adjourned till 1927. The following are the officers for the ensuing year: President, Anna Picklum, El Reno; secretary-treasurer, Marjorie W. Morrison, 1120 N. Hudson, Oklahoma City; State League President, Ethel Hopkins, Methodist Hospital, Guthrie; secretary-treasurer, Edna E. Powell, City Hospital, Hominy; Organization for Public Health Nursing, President, Rosalind MacKay, Oklahoma City; secretary, Francis Martin, Room 211, City Hall, Oklahoma City; treasurer, Ida Lee, Oklahoma City.

Pennsylvania: The twenty-fourth annual convention of the GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA met in joint session with the PENNSYLVANIA LEAGUE OF NURSING EDUCATION and the PENNSYLVANIA ORGANIZATION OF PUBLIC HEALTH NURSING, at the Benjamin Franklin Hotel, Philadelphia, October 25 to 28. The Convention was followed by an Institute under the auspices of the League of Nursing Education.

The first sessions were taken up with reports of officers, standing and special committees. Charts had been prepared showing the mem-

bership and the increase in each District as compared with the number of nurses graduating each year from hospitals in that district. The figures were most illuminating; an increase of over five hundred had been accomplished, but the highest percentages were in the smallest districts.

One feature of this Convention was a definite effort to have Student Nurses, representing Senior Classes of various schools over the State, present. At the luncheon arranged for the Red Cross, they were special guests. Miss Noyes had been invited to speak but was unfortunately detained. Ida Butler ably substituted for her and gave a very glowing description of the romance, beauty, and high adventure of service with that organization. One session was given to Legislative matters. Reports were read by S. Lillian Clayton, President of the Pennsylvania State Board of Examiners for Registration of Nurses, by Anna W. Wray, Educational Director, by Mrs. Anna M. Roth, Chairman of the State Legislative Committee, and by Margaret A. Dunlop, Pennsylvania member of the Reciprocal Relation Committee of the Middle Atlantic Division. These reports were followed by a very general discussion in reference to the work of the Board and the possibility of re-writing or amending the present Nurse Practice Law. This created quite a demand for the Digest of Nurse Practice Laws compiled by the American Nurses' Association, as nurses were anxious to know what other states were doing in these matters.

The formal opening of the Convention occurred at 8 of that evening, with Jessie J. Turnbull presiding. The invocation was made by Rev. Louis Washbourne, D.D. Dr. Wilmer Krusen, Director of Public Health of Philadelphia, represented the city department in an address of welcome. Jessie J. Turnbull responded to the greeting, and gave a very inspiring address. Short addresses were made by the presidents of the other two organizations. The speaker of the evening was then introduced, Dr. Ellen C. Potter, Secretary of the Welfare Department of the Commonwealth of Pennsylvania, whose subject was Patriotism, or the Nurse's Responsibility as a Citizen. As usual Dr. Potter was stimulating and practical in her suggestions.

The second day was full of interest and variety. The first two hours were given to the general business of the Association, followed by a business meeting of the Private Duty Section. A buffet luncheon had been arranged by the Hotel, after which members were conveyed by taxi to the Sesqui-Centennial Exposition, where a reception was tendered them by Mrs. J. Willis Martin and Mrs. John C. Groom, representing the Woman's Committee of the Sesqui-Centennial and the Emergency Aid of Philadelphia, at Dr. Shippen's house on High Street. Later they were personally conducted about the buildings by these ladies. Tea was served at the Pennsylvania Building.

The evening meeting of the Private Duty Section began promptly at 8, Katherine J. Mayer, Chairman, presiding. Greetings from Jessie J. Turnbull and S. Lillian Clayton were followed by a delightful talk by Janet M. Geister, on Hearsay and Facts in Private Duty Nursing. Amy Allison, Director of School of Nursing, Philadelphia Hospital for Communicable Diseases, gave a very carefully written paper on Communicable Disease Nursing. Dr. Earl D. Bond's address on Psychiatry and the Private Duty Nurse presented that subject in a most scientific manner.

Wednesday was a full day for the Pennsylvania League of Nursing Education and Thursday the Pennsylvania Organization for Public Health Nursing had a very interesting program.

The evening meetings were all open meetings and were well attended. Various dinners of small groups broke up the monotony and gave an opportunity for an exchange of ideas, and relaxation from the busy work of the convention. Tea was served every afternoon from 4 to 6. The hospitals of Philadelphia, St. Barnabas Guild for Nurses, and the Nurses' Guild of Our Lady of Visitation and Catholic Hospitals of Philadelphia, were hostesses on these auspicious occasions.

The outstanding accomplishments of the year reported at the Convention were as follows: The opening of the State Headquarters at 815 Mechanics Trust Building, Harrisburg, with a full-time Secretary, thus making possible the centralization of nursing activities of the State; the publication of the first issue of a quarterly bulletin, *Penn-Points*.

The brief sketch of the organization's history, written by the historian, Roberta West, gave high hopes for the future, when the complete history of nursing in the State, so successfully begun, will have been completed. The report of the joint Educational Committee, made known the courses available for nurses in the various institutions. The report from, and the discussion of, the work of the State Board of Examiners showed a growing appreciation of the value of the all-nurse Board and led to a vote of confidence in their excellent

work. Altogether it was a most inspiring season and a very successful Convention. Members owe much of this success to the Chairmen of the various programs, Jennie Manly, Susan Francis, Katherine Tucker, and the Chairman of the local Arrangements Committee, Mrs. Adelaide Pfromm, and her able assistants. The following officers were elected: President, Helen F. Greaney, Chestnut Hill, Philadelphia; vice presidents, Esther J. Tinsley, Pittston, and Mrs. Helene S. Herrmann, Harrisburg; secretary-treasurer, Netta Ford, York; directors, Jessie J. Turnbull, Margaret Dunlop, S. Lillian Clayton.

THE PENNSYLVANIA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its third annual meeting at the Benjamin Franklin Hotel, Philadelphia, October 28. The day was started by a Breakfast meeting of the Board at 7:30, and a general business session of the organization at 9, Esther R. Entriken, President, presiding. This was followed by a well planned program of four round tables, the first The Relationship Between the Various Types of Public Health Nurses when Working in the Same Community, Miss Helen Mar Erskine, presiding. Tuberculosis Nursing was presented by Fannie Eshleman. Mrs. Amelia Culbertson, Philadelphia, presented the Child Hygiene Nurses' problem. Margaret Paul spoke of the School Nurse's Responsibility to the Child, Home and School. Harriet Frost gave the visiting nurse's part in the general scheme of things. The second round table, Katherine Tucker presiding, was the discussion of Relationship of Social Workers to Public Health Nurses both in Large and Small Communities, Betsey Libbey, Supervisor, Philadelphia Family Society. Evelina Walbaum, Social Worker, Bryn Mawr, presented the social workers' point of view. May Wood and Annie Laurie presented the public health nurses' opinion. It was interesting to note the mutual understanding that has developed in these two professional groups through working together for the common good on the same problems. The Lay Members' luncheon, Mrs. William R. Mercer, Chairman, as usual was a real feature of the Convention, about one hundred guests and lay members attended. The speakers were: Gertrude Peabody, Boston; Mrs. John Huntingdon, Norwich, Conn.; Mrs. Riley Alter, New Kensington.

At the afternoon session Helen V. Stevenson presided at the round table on Some of the Newer Developments in Organization and Methods. Methods and Results in Group Teaching was outlined in a most interesting paper by Frances Benjamin, East Harlem Nursing and Health Demonstration, New York City. Developments of Public Health Nursing on a County Plan was discussed by Jane Allen, Director of the National Organization for Public Health Nursing. At the final round table, Present-day Problems and Trends in Public Health Nursing, Netta Ford presided.

Nutrition was discussed in the most fascinating manner, by Anna DePlanter. Marie Nelson, Supervisor of Home Economics Department, New Haven Visiting Nurse Association, told of the development of the Visiting Housekeepers' work in that Association. Marie Donohoe, Supervisor of Mental Hygiene, Boston Community Health Association, gave a most instructive paper on Mental Hygiene, as a Part of a Public Health Nurse's Program. This mental feast was followed by a dinner given by the Southeastern Unit of the Pennsylvania Organization for Public Health Nursing. At the evening meeting, Kenneth L. M. Pray, Director, Pennsylvania School for Social and Health Work, presided, and introduced the speaker of the evening, Dr. Hornell Hart, Bryn Mawr College, who gave a masterly address on the Social Routes of Mental Health.

The Committee on Arrangements offered a prize of $10 for the best *Journal* poster made by a student nurse. When this was made known, the Directors offered a second prize; the Public Health organization a third, and the League a fourth. Twelve posters were submitted by students representing the following hospitals: University of Pennsylvania, Hahnemann, Lancaster General, Methodist Episcopal, Women's Homeopathic, Presbyterian, Philadelphia General. The prizes were won by Emma E. Moore and A. W. Bancroft, Philadelphia General Hospital; Miss Lyman, Hahnemann Hospital; Clara Bishop, Women's Homeopathic Hospital.

Rhode Island: The quarterly meeting of the RHODE ISLAND STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was held at the Medical Library, Providence, October 28, with an attendance of one hundred twenty-five members and guests. The principal speakers were Anna I. Griffith, Director Rhode Island Children's Bureau; Mrs. Helen LaMalle, Superintendent Nursing Service, Metropolitan Life Insurance Company, and Mary S. Gardner, Director Providence District Nursing Association. Luncheon was served at noon.

Tennessee: THE TENNESSEE STATE REGISTERED NURSES' ASSOCIATION held its twenty-

first annual meeting in Knoxville, October 11 and 12, in the Farragut Hotel. There were more than two hundred present out of the five hundred membership.

The Board of Directors held a meeting on Sunday afternoon, preceding the opening of the regular sessions on Monday. This meeting was opened by prayer led by the president, Abbie Roberts. Among other business transactions, a committee was appointed to study the advisability of a Southern Division of the American Nurses' Association. The board members were delightfully entertained at a dinner given by the Fort Sanders Alumnae Association. On Monday morning, reception and registration; invocation by Dr. F. F. Brown; address of welcome, City Manager, Charlton Karns; response, Phoebe Bumgarner, Chattanooga. The president, Miss Roberts, delivered a very interesting and instructive address. She gave in connection with it a report of the National Convention held in Atlantic City last June. At the close of the session Miss Roberts appointed a committee for the League calendar and invited all members to give orders. Miss Bumgarner gave a report of the subscriptions to the *American Journal of Nursing* for the past year from the state as a whole. She stressed the importance of the *Journal* for every nurse, and that it should not only constitute a part of the reading material for every graduate nurse, but that it should be in every training school for nurses and in all the school and city libraries where first class reading material is found.

Papers for the afternoon were: The Value of a State League of Nursing Education, Archie D. Hobson, Knoxville; Discussion, Alice Finley, Knoxville; Community Responsibility to the Nurse, Mrs. Neal B. Spahr, Knoxville; Private Duty Sectional Conference, Helen S. Steele presiding; Twelve Hour Duty, Mrs. Virginia Layman, Chattanooga; Group Nursing, Margaret L. Jackson, Nashville, Mrs. Ann Fitzpatrick, Memphis; Hourly Nursing, Ruth White, Knoxville.

Monday evening marked the spice of the program. The association was honored by the presence of Isabel M. Stewart of Columbia University who gave an address on Theory and Practice in Nursing Education. She stressed the importance of the proportion of theory to practice. She spoke of the necessity of satisfaction to the worker and developed the idea that the nursing spirit was gained through atmosphere and example as well as by precept. Following Miss Stewart's address, Dr. Joseph Avent of the University of Tennessee spoke on The Value of Psychology in the Education of the Nurse. He emphasized the value of optimism in regard to the nurse's influence over the patient.

Tuesday's morning session was devoted mainly to the Public Health sectional conference and to the Student Nurses' sectional conference. Virginia Gibbes of Knoxville and Hazel Goff of Knoxville presided respectively. The Progress of Public Health Nursing Course at Peabody College was given by Abbie Roberts. Bedside Nursing and Prenatal Care was given by Mary E. Tennent of Kansas City. The Student Nurses' conference was one of the most interesting features of the convention. There was a large delegation present. Many of them took part in the discussions led by their instructors. Two papers were read by students as follows: Government in Schools of Nursing, by Julia Evans of The Baroness Erlanger Hospital Training School, Chattanooga, and Coöperative Government in Nursing Schools, by Katherine Sharp of Knoxville General Hospital Training School. Following these papers and discussions, Imogene Johnson of Chattanooga gave a talk on the value of the Out-patient Department as a Teaching Field for Nurses. Evelyn Chase of Nashville gave the Outstanding Features of the American Health Congress.

Cars were at the Farragut to convey all present to Whittle Springs Golf and Country Club for luncheon. Members of District 2 were hostesses. An impromptu talk on School Nursing was given by Elma Rood, Nashville, then back to the Farragut for the afternoon session, opening with a most wonderful paper on Endocrinology and Its Relation to Women's Problems, by R. B. Wood, M.D., then came the report of all officers and standing committees. Election of officers resulted as follows: President, Abbie Roberts, Nashville; vice presidents, Montez Wayne, Knoxville, and Mrs. Elizabeth W. Boyer, Nashville; secretary, Phoebe Bumgarner, Chattanooga; treasurer, Dixie Sample, Memphis; Ways and Means, Ruth White, Knoxville; National Relief, Miss Newman, Chattanooga; Revision, Elsie Russ, Nashville; Nominating, Mrs. Martha Bounds, Memphis; Publicity, Mrs. Naomi Blouin, Memphis; Arrangements, Mrs. C. E. Ferree, Chattanooga.

During the past year the association has given five hundred dollars on the one thousand dollar pledge to the Chair of Nursing of Peabody College. The association voted to send five cents per capita to the A. N. A. for the International Council of Nurses. Twenty

subscriptions were received to the *American Journal of Nursing*.

Tuesday night found each nurse returning to her home and duties with an imbued interest for having been so royally entertained at this most interesting convention, attended by so many nurses from all parts of the state as well as all phases of nursing procedure. Adjourned to meet in Chattanooga next year.

Vermont: Vermont is appreciative of the visit of Edith J. L. Clapp, Field Secretary of the American Nurses' Association. Eight meetings have been held, representing the eleven accredited schools. It has been a pleasure to meet Miss Clapp who has explained the privileges awaiting every registered nurse in good standing in her alumnae. It is hoped that not only will there be an increase of membership in the State Association but that active interest will be shown.

West Virginia: The annual meeting of the State Association, held in Parkersburg, September 23-25, was a success with Miss Clayton, Mrs. Hansen and Miss Noyes as guests and speakers. The members are united in their effort to prove that standards count most at this time. The officers elected are: President, Nell Robinson, Ohio Valley General Hospital, Wheeling; secretary, Louise Kochert, 10 Pleasant St., Mannington.

Wisconsin: The seventeenth annual meeting of the WISCONSIN STATE NURSES' ASSOCIATION, the twelfth annual meeting of the STATE LEAGUE OF NURSING EDUCATION and the semi-annual meeting of the STATE ORGANIZATION OF PUBLIC HEALTH were held in Madison, October 11, 12, 13. The registrations numbered 305. Amongst the number were eight student nurses.

The sessions were held in the assembly hall of the beautiful State Capitol. The weather was ideal and the Third District nurses charming hostesses. Monday morning the Nurses' Association held a business meeting and at the luncheon which followed, Mrs. Marvin Rosenberry of Madison gave an inspiring address, On Being Educated. She urged nurses to continue their education so that they might not stand still in their profession. At this luncheon the gavel which is presented yearly to the district making the greatest gain per ratio was received by the President of the Third District, Grace Crafts of Madison. At the afternoon session, Cora Simpson, Secretary of the Nurses' Association of China, in a very interesting address invited the members to the next International Congress to be held in China. The audience received a very clear conception of the different means of transportation to China and the expenses that would occur and many felt that the far east would be a very delightful place to spend a few weeks' vacation. Adda Eldredge, in her detailed report of the Wisconsin Bureau of Nursing Education, showed that the training schools of the state continue to increase their student enrollment and to raise their standards. Mrs. C. D. Partridge reported the Atlantic City meeting. After this session the members journeyed to the College Woman's Club to be the guests of the Madison Altrusic Club. The evening session was opened by an invocation by the Rev. H. H. Lumpkin. The presidents of the three organizations responded briefly to the address of welcome by the Mayor. Professor J. L. Gillin, Professor of Sociology, University of Wisconsin, was the main speaker of the evening.

The Council of the Nurses' Association breakfasted at the Hotel Lorraine the second morning. The whole day was then taken by the State League of Nursing Education. At 7 p. m. a banquet was served at the Women's Club followed by an entertainment. The third morning Cecelia Evans presided over the semi-annual meeting of the Public Health Organization. Mrs. Ben Hooper in her charming talk, Who is the Ideal Woman Citizen, paid a splendid tribute to the nursing profession. Dr. R. C. Burkie, Madison, clarified many questions in his talk, Some Facts about the State of Wisconsin General Hospital.

The last afternoon, Tora Johnson, Chairman of the Private Duty Nurse Section, presided. The Chairman's report showed much progress during the year; the Fourth and Fifth, and the Tenth District much activity. Miss Johnson gave a report of the Private Duty Section at the Biennial. The following officers were elected for the Section: Chairman, Martha Wunner, Milwaukee; vice chairman, Beatrice Severson, Madison; secretary, Mrs. Myrtle Reiser, Madison. Miss Dean's paper, The Past and Future of Central Registries, was read by Mrs. Reiser. Dr. E. L. Sevringhaus' address, Care of Diabetic Patients, was well received and many questions were asked in the discussion.

At the close of the section meeting, Cornelia VanKooy took the chair and after the report of the tellers declared the following officers elected for the State Nurses' Association: President, Cornelia VanKooy; vice presidents, Agnes Reid, Clara Lewis; secretary, Mrs. C. D. Partridge; treasurer, Agnes Pickhardt. Milwaukee was chosen as the place of meeting

for 1927. Mrs. Elsbeth Vaughn, Director of the Red Cross Nursing Service, Midwestern Branch, was a welcome visitor, the three days. She held many informal meetings with both state and local committees of the Red Cross and created considerable interest in the Society. The following names comprise the Chairmen of Committees for the following year: Credentials, Gertrude Stein; Legislation, Cecelia Evans; Publicity and Press, Mrs. C. D. Partridge; Revision and By-Laws, Agnes Reid; Finance, Mrs. Checkie; Nomination, Tora Johnson; Nurses' Relief, Levina Dietrichson; *American Journal*, Mary Orbison; Red Cross, Mrs. Ernst.

The annual meeting of the WISCONSIN LEAGUE OF NURSING EDUCATION was held in Madison on October 12. The morning session consisted of business: the reading of the reports of the secretary and treasurer, reports from the various district leagues, etc. The secretary reported an increase in membership over last year. The principal speaker of the day, Mary E. Gladwin, Director of Nursing Education of Minnesota, followed. Miss Gladwin's paper was the forerunner of the afternoon program which consisted of 10-15 minute discussions on many current problems vital in Schools of Nursing at the present time: *Scholarship*—What causes our failures in schools of nursing? Why the decline in the quality of class work after the first semester? *Diet*—How much does the diet of the student influence her health and work? *Ethics*—Present-day interpretation of ethics in hospital (discussed by Superintendent of School of Nursing, the private duty nurse, etc.) Finally, What remedies have extra-curricular activities to offer for the problems in schools of nursing? All problems were ably and interestingly discussed by two or three speakers for each.

All members and guests felt that the meeting had been very well worth while, with much benefit. The following officers were elected: President, Stella Ackley, Wauwatosa; vice president, Sister Beata Walsh, LaCrosse; treasurer, Margaret Gobel, LaCrosse.

District and Alumnae News

Arkansas: Ft. Smith.—DISTRICT 4 met at St. Edward's Mercy Hospital on October 23 and elected officers: President, G. Gates; vice president, Pearl Wilson; secretary, Jewell White; treasurer, A. Lockett. A feature of the meeting was an address by L. Parrott on Why Public Health Courses Are Necessary for Nurses. The Alumnae of the different hospitals decided to combine and entertain the recent graduates.

Connecticut: Hartford.—THE CATHOLIC HOSPITAL ASSOCIATION OF THE NEW ENGLAND STATES SECTION held its fourth annual convention at St. Francis Hospital, September 27 to 30. Over two hundred Sisters were in attendance. Mother Mary of Providence, Superintendent of the St. Luke's Hospital, Pittsfield, Mass., President of the Association, presided, and conducted the round table conferences. The sessions were devoted to lectures, demonstrations, and clinics, all of great interest and value. At the business meeting, Mother Mary of Providence was reëlected President, the Superiors of the New England Catholic Hospitals, elected vice-presidents, and Sister M. Mechtilde, St. Francis Hospital, secretary and treasurer. It was also decided that the convention for 1927 would take place at St. Mary's Hospital, Waterbury, Conn.

Delaware: Wilmington.—DELAWARE HOSPITAL ALUMNAE met on November 9 and elected: President, Eva B. Hayes; vice president, Bertha C. Schranck; secretary, Emma Steptoe; assistant, Mrs. Eleanor G. Clouser; treasurer, Arva Marvel.

Florida: Chattahoochee.—THE ALUMNAE OF THE FLORIDA STATE HOSPITAL SCHOOL FOR NURSES has completed organization with an active membership of twenty-five. The School was established in 1919 by Pearl J. Summerford, Directress of Nurses to 1925, and has maintained its accredited rating since its organization. The nurses receive not only excellent general work under its especially trained medical and surgical staff, but also noteworthy training in psychopathic nursing. For their obstetrical and pediatric work, the students affiliate with the University of Georgia Training School for Nurses for three months during the Senior year. The officers of the Alumnae are: President, Dora M. Fulgham (Directress of the School); vice presidents, Eula McDonald, Inez Taylor; secretary, Martha Hill; treasurer, Mrs. Elizabeth Wester.

Georgia: Savannah.—THE FOURTH DISTRICT ASSOCIATION held its monthly meeting, October 27, at Telfair Hospital. After the business session, election of officers took place: President, Frances White; vice president, Catherine Cromley; treasurer, Mrs. E. C. Westcott; secretary, Elizabeth Griffin; directors, Dorothy Hann, Anna Keeler. Chairman of the Directory Committee is Mrs. Margaret Ferebee.

Illinois: Chicago.—At a meeting of the attending and visiting staffs of St. Joseph's Hospital, Doctor Malcolm T. MacEachern gave an account of his trip to Australia and New Zealand, illustrated by slides in color. Dr. Austin A. Hayden gave a short talk on The Use of Auscultation and Percussion in the Diagnosis of Accessory Nasal Sinus.

Louisiana: New Orleans.—THE TOURO ALUMNAE at their annual meeting in October planned their 1927 activities as follows: (1) Equip a laboratory for student nurses, the money to be raised by a series of dances and card parties at the Club House; (2) Work up the Private Duty Section; (3) Work up a Leisure (married) Section.

North Carolina: Asheville.—DISTRICT No. 1, at its October meeting was honored by the presence of the State President, Columbia Munds, of Wilmington, who gave a most impressive talk. The President, Mary P. Laxton, told of the State meeting recently held in Goldsboro. At the November meeting a Nominating Committee was appointed, for the election in January, and after the business session a social hour was enjoyed; a strong plea was made for subscriptions to the *Journal*.

Maryland: Baltimore.—Hampton House, the new home of the nurses of Johns Hopkins Hospital, was opened on October 21.

Massachusetts: Boston.—The fifty-second semi-annual business meeting of THE CHILDREN'S HOSPITAL NURSES' ALUMNAE ASSOCIATION was held October 18. The following officers were elected: President, Mary Burgess; vice president, Grace Bixby; secretary, Virginia J. W. Haw; treasurer, Gertrude E. Maloney. THE NEW ENGLAND INDUSTRIAL NURSING ASSOCIATION met in the Town Room Library, October 9. Joseph A. Parkes, oldest member of the Industrial Accident Board, spoke on Workman's Compensation. **Westborough.**—Members of the ALUMNAE ASSOCIATION OF THE WESTBOROUGH STATE HOSPITAL, after the graduation, October 14, gave a warm welcome to Miss L. H. Miller who was Superintendent of the School of Nursing for 23 years. She is now retired and living in Amagansett, Long Island.

Minnesota: Pipestone.—Esther Wolfe has been made Superintendent of the Ashton Memorial Hospital.

New Hampshire: Franklin.—THE FRANKLIN HOSPITAL ALUMNAE ASSOCIATION held its semi-annual meeting, October 3. Dr. A. A. Beaton spoke on Modern Medicine. A paper written by Ida A. Nutter was read by Mrs. Dorman, Why a Nurse Should Become a Member of Her Alumnae Association.

New Jersey: Long Branch.—At the recent state examination for nurses, Ellen Lane, a graduate of the Monmouth Memorial Hospital, received an average of 96 per cent, the highest rating in a group of 227 nurses.

New York: New York.—The Department of Health takes pride in announcing that its Hospitals of the City of New York, for the care and treatment of the communicable diseases, have been fully approved by the American College of Surgeons. The State Board of Nurse Examiners has approved of the Training School that has been established at Willard Parker Hospital where nurses of affiliated schools will receive a training in the acute contagious diseases and public health nursing. On October 15, there were 39 students attending. There are, at present, 11 training schools affiliating with Willard Parker Hospital. Mary E. Wadley has resigned her position as Director of the Social Service Department at Bellevue Hospital after twenty years of service. **Rochester.**—The new wing of the Genesee Hospital was opened on November 3. It is beautifully furnished and contains modern equipment in every detail. There are two floors of private rooms, one for children, one for operating rooms, X-ray and light treatment, and a new out-patient department. The annual meeting of the GENESEE HOSPITAL ALUMNAE ASSOCIATION was held on November 1, and the following officers were elected: Vice presidents, Marcella Moore, Marie Haney; recording secretary, Augusta Peters; corresponding secretary, Ethelyn G. Neer; treasurer, Mary Harriman. Officers holding over are: President, Bertha Mischler; vice president, Christine Verstringe. Exercises of dedication for the School of Medicine and Dentistry and the STRONG MEMORIAL HOSPITAL were held in the Eastman Theater on October 25, followed by two days of lectures and clinics at the Medical School. Doctors from all parts of the United States and from abroad were present. Five members of the faculty of the School of Nursing marched in the academic procession.

North Dakota: Bismarck.—Ida M. Hickox, formerly of Ohio, has accepted the position of Educational Director at the Evangelical Hospital.

Ohio: Cincinnati.—DISTRICT 8 held its regular monthly meeting October 25 at Christ Hospital. Julia L. Groscop gave the report of the annual meeting of the American Red

Cross. Corine Himmler gave a short talk on Rural Red Cross Nursing. Mrs. Ada Stokes gave the report of the Red Cross Nursing Committee of the District. **Findlay.**—District 13 met at the Home and Hospital, in October. After a delightful dinner, Phoebe Kandel spoke on her trip to Helsingfors for the meeting of the International Council of Nurses.

Oregon: Corvallis.—District 6 was recently organized for Benton County, the first official meeting being held October 11. Mrs. T. W. Johnson, President, was in the chair. Twenty-eight members were in attendance. Among the guests were the Dean of Women, Corvallis Agricultural College, and the Assistant Dean. Margaret Tynan, President of the State Association, addressed the assembly on History of the Oregon State Association; Jane V. Doyle, Executive Secretary of the Portland Chapter, American Red Cross, spoke on the Red Cross Nursing Service; Marion Crowe, President of the State Organization for Public Health Nursing, discussed The Nurse as a Public Health and Social Service Worker. The secretary of District 6 is Mrs. D. W. Purcell; treasurer, Mrs. R. H. Hagar.

Pennsylvania: Bethlehem.—The thirty-fifth annual meeting of St. Luke's Hospital Alumnae was held on October 18, at the Graduate Nurses' Home. Officers reëlected are: President, Bessie Church; vice president, Ida Parrish; secretary-treasurer, Bessie M. Ely; corresponding secretary, Sadie Gallagher. Guests of the Association were Dr. W. L. Estes, Sr., who has attended all the alumnae meetings since organization; Mrs. Clara Harper, class of 1899, and Mrs. Houston, class of 1897. **Braddock.**—Grace Scott will succeed Edith Burns, deceased, as Superintendent of Braddock General Hospital. Miss Scott has been Directress of the School of Nursing at the Hospital, since receiving her Bachelor's degree in June from Teachers' College.

Tennessee: The Chattanooga District Nurses' Association held its monthly meeting on October 14, at the Nurses' Home of the Baroness Erlanger Hospital. Almost the entire evening was taken up with reports from the different delegates of the State Convention held in Knoxville. The treasurer reported $25 sent by the Association to the Florida relief fund. The association voted to pay for subscriptions to the *American Journal of Nursing* to be sent to The University of Chattanooga, The Chattanooga High School, Central High School Libraries and to the Chattanooga Public Library.

Texas: Dallas.—District 4 held a meeting at the Nurses' Registry, November 4, with Mrs. Rembert. Senior students and Mary M. Roberts, Editor of the *American Journal of Nursing*, were guests. **Texarkana.**—District 13 recently held its first annual meeting with a luncheon at the Hotel Grimm. The principal address was given by A. Louise Dietrich. Ruth Rudolph, a missionary nurse, spoke on Nursing in India. Officers reëlected are: President, Florence Gronts; vice president, Claribel Hohman; secretary-treasurer, Irene Detherrow. The next meeting will be held in Greenville on January 11.

Deaths

Frances H. Bescherer (class of 1896, Philadelphia General Hospital, Philadelphia) on October 7, in Cleveland, Ohio, from cerebral hemorrhage. Miss Bescherer had been superintendent of several different hospitals until four and one-half years ago, when she and a partner opened the Flower Hospital in Cleveland. She was a woman of wide experience and unusual intellect. She will be missed by many friends, both in and out of her profession, for she was ever ready to help those less fortunate than herself. She never complained of her hardships. Burial was at her home, Blairstown, N. J.

Edith L. Burns (graduate of the Methodist Episcopal Hospital, Brooklyn, N. Y.) very suddenly, of heart failure, on October 26. At the time of her death, Miss Burns was Superintendent of Braddock General Hospital, Braddock, Pa. She had been Directress of Nurses in the Children's Free Hospital, Detroit, Michigan, and the Homeopathic Hospital, Syracuse, N. Y. Previous to her present position, which she had held for only eight months, she had been Superintendent of Rome Hospital, Rome, N. Y., for over seven years. Her chief ability lay in her powers of reorganization and in "building up" institutions, which had been allowed to deteriorate. "Keen-minded, impulsive, warm-hearted, filled with the joy of living, Miss Burns gave to all the inspiration of her fair judgment, culture and depth of understanding. Her first thought was how to serve best in her profession."

Florence A. Kringel (class of 1918, St. Luke's Hospital, Denver, Colorado) on October 9, at Denver.

Emma F. Preston (class of 1897, St. Luke's Hospital, Cedar Rapids, Iowa) on October 9, at Denver, Colorado, as a result of an automobile accident.

About Books

A Sound Economic Basis for Schools of Nursing and Other Addresses. By Mary Adelaide Nutting, R.N., M.A. 364 pages. G. P. Putnam's Sons, New York. Price, $2.50.

MISS NUTTING is so modest about her own achievements that these addresses (they are the more important ones given over a long period of years) would never have been gathered in one volume had it not been for the insistent and persistent requests of those who have been her students.

Although not first in point of time, Miss Nutting has placed the "Sound Economic Basis" at the front of the volume because she believes that most of our educational difficulties arise from economic fallacies. Says she:

> I do not remember ever hearing of any instances of hospitals asking for funds for the maintenance of their training schools for nurses. Yet I can hardly imagine any branch of their work for the maintenance of which they could with better grace turn to the public.

The addresses are replete with evidence of the penetrating vision and the broad grasp of nursing affairs so characteristic of the writer. For example, as long ago as 1904 we find her noting the value of Hourly Nursing and stating that "in those instances where it is needed nothing else can answer."

The volume is in no sense a mere record of past activities. Much of the thought is as pertinent to the problems of today as in the years when it was written. This is due to two factors, the almost prophetic gifts of the author and the inevitable slowness with which educational reform is brought about. This statement is substantiated by the fact that although the address on "The Preliminary Education of Nurses" contains nothing that is now new to some of our readers, nurses are still being graduated in this country from schools which have not established a preliminary course. We shall not here enumerate all the titles. Those mentioned, with "Suggestions for Practical Standards for State Registration," "Nursing and Its Opportunities," "The Training of Visiting Nurses," "Some Ideals for Schools of Nursing," are sufficiently suggestive. It is almost superfluous to add that every school of nursing should add this volume to its library. It should also be placed by nurses in the hands of those intelligent lay persons who are guiding or should be helping to guide public opinion on nursing education and nursing opportunities. M. M. R.

Books Received

Procedures in Nursing, Preliminary and Advanced. By Annabella McCrae, R.N. Illustrated. 539 pages. M. Barrows and Company, Boston. Price, $2.75.

Miss McCrae, veteran instructor, has gathered under the covers of one book both the Preliminary and Advanced Nursing Procedures she has so successfully taught the students of the Massachusetts General Hospital School of Nursing these many years.

A Text-Book of Anatomy and Physiology. For Schools of Nursing, Normal Schools, and Colleges. By Jesse Feiring Williams, M.D. Second Edition, revised, with illustrations. 531 pages. W. B. Saunders Company, Philadelphia. Price, $3.00.

Diphtheria — Curable and Preventable. American Association for Medical Progress, Inc., 370 Seventh Avenue, New York City. Price five cents in stamps, or in lots of 100 at $2.75.

A pamphlet which should prove extremely valuable in the fight against this preventable disease of which every case is "a challenge to our intelligence."

Sunlight and Artificial Light. By Harold Wigg. Illustrated. 96 pages. Faber & Gwyer, Ltd., London.

Outlines of Massage and Medical Gymnastics. By Beatrice M. Goodall-Copestake. Illustrated. 70 pages. Faber & Gwyer, Ltd., London. Price, 1/6 net.

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.; S. Lillian Clayton, Philadelphia; Sally Johnson, Boston; Evelyn Wood, Chicago, and Stella M. Goostray, Philadelphia. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Sections: **Private Duty,** Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section,** Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee,** Chairman, Mrs. Janette F. Peterson, 781 East Orange Grove Ave., Pasadena, Cal. **Revision Committee,** Chairman, Dora M. Cornelisen, 204 State Capitol, St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Bell McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 7th Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

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